

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other Instructions on
reverse side)

BLM Roswell District
Modified Form No.
NIX60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
L0049722

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS JAN 19 '90

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	3. ADDRESS OF OPERATOR P.O. Box 549, Artesia, New Mexico 88210	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Arrowhead Oil Corporation	3a. Area Code & Phone No. (505) 748-3436	8. FARM OR LEASE NAME Featherstone
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L, 1980 Feet From the S Line and 660 Feet From the W Line	9. WELL NO. #3L	10. FIELD AND POOL, OR WILDCAT Square Lake, Grayburg
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.)	11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec. 10-T17S-R29E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) <u>Change of operator</u>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Change of operator from: J.B. Adanson
P.O. Box 727
Artesia, New Mexico 88210

To: Arrowhead Oil Corporation
P.O. Box 549
Artesia, New Mexico 88210

Effective date of change: December 29, 1989

18. I hereby certify that the foregoing is true and correct

SIGNED Ed E. Chase TITLE Production Clerk DATE January 12, 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or information.