

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI. ATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-028990a

SUNDRY NOTICES AND REPORTS ON WELLS
RECEIVED

(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"/>	MAR 12 1980	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Arrowhead Oil Corporation	O. C. D.	8. FARM OR LEASE NAME Creek
3. ADDRESS OF OPERATOR P. O. Box 548, Artesia, New Mexico 88210	ARTESIA, OFFICE	9. WELL NO. #2- 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL and 1665' FWL of Section 23	RECEIVED MAR 10 1980 U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO	10. FIELD AND POOL, OR WILDCAT Leo
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-18-S, R-30-E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

Cleaned out well to T.D. and ran Gama Ray Neutron and Cement Bond logs.

Ran and set RTTS packer at 3108' and sand fraced in open hole from 3228-3279' using 43,500# 20/40 sand and 9,000# 10/20 sand.

Circulated well out and put well on production.

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

SIGNED <u>Georgia A. Lloyd</u>	TITLE <u>Secretary</u>	DATE <u>March 6, 1980</u>
(This space for Federal or State office use)		
APPROVED BY <u>SPENCER R. CHOW</u>	TITLE <u></u>	DATE <u>MAR 10 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		