

Form 1160-5
(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 re-
verse side)

MM Roswell District
Modified Form No.
MM60-3160-4

SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☒ GAS WELL ☐ OTHER		3a. Area Code & Phone No. (505) 748-3436		5. LEASE DESIGNATION AND SERIAL NO. NM0107597
2. NAME OF OPERATOR Mack Energy Corporation				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 276, Artesia, New Mexico 88210		RECEIVED JUN 12 '90 O. C. D. ARTESIA, OFFICE		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit B, 660 Feet From the N Line and 1980 Feet From the E Line				8. FARM OR LEASE NAME Ohio-Jones
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, CR, etc.)		9. WELL NO. #6
				10. FIELD AND POOL, OR WILDCAT Lusk Yates
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T19S-R31E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

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 COMPLETE	☐
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)	☐		

(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: Arrowhead Oil Corporation
P.O. Box 548
Artesia, New Mexico 88210

To: Mack Energy Corporation
P.O. Box 276
Artesia, New Mexico 88210

Effective date of change: April 1, 1990
5/22/90

CARROLL COUNTY
ARIZONA
MAY 23 10 57 AM '90

RECEIVED

ACCEPTED FOR RECORD

CARROLL COUNTY
ARIZONA
MAY 23 10 57 AM '90

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

SIGNED Del Schatz

TITLE Production Clerk

DATE April 1, 1990
5/22/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side