

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
M060-3160-4

SUNDRY NOTICES AND REPORTS ON WEBSERVED

(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"/>		JAN 19 '90	
2. NAME OF OPERATOR Arrowhead Oil Corporation		3. Area Code & Phone No. (505) 748-3536	
3. ADDRESS OF OPERATOR P.O. Box 548, Artesia, New Mexico 88210		ARLESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit C, 650 Feet From the N Line and 1980 Feet From the W Line		5. LEASE DESIGNATION AND SERIAL NO. LC0002424	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Barton 'A' Federal	
		9. WELL NO. #1	
		10. FIELD AND POOL, OR WILDCAT Lusk Yates West	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T19S-R31E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH Eddy
			13. STATE NM

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Change of operator	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

7. 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: AMCO Production Co.
P.O. Box 727
Artesia, New Mexico 88210

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

Effective date of change: December 29, 1989

I hereby certify that the foregoing is true and correct

SIGNED John E. Chas 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