

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

c/bf

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED
2. NAME OF OPERATOR ARROWHEAD OIL CORPORATION	
3. ADDRESS OF OPERATOR P.O. BOX 548, ARTESIA, NEW MEXICO 88210	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FWL & 2310' FSL	JAN 16 '89 O. C. D. ARTESIA, OFFICE
14. PERMIT NO. 30-015-10220	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3662' KB

5. LEASE DESIGNATION AND SERIAL NO. LC-029020 G
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO. DEXTER FED. 2
10. FIELD AND POOL, OR WILDCAT GRAYBURG JACKSON 52-24-5A
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC:22-T17S-R30E
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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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"/>

(Other) Pull rods/tbg & perf.
(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.)

Propose to pull rods & tubing, perf @ 3502'-3508'. Acidize w/500 gal
15% NE Acid, frac w/500bbl gel water.

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

SIGNED Shirley Long TITLE Production Clerk DATE 12/28/88
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-11-89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side