

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

RECEIVED

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

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

Dexter Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson SR-0 G-5A

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec:22-T17S-R30E

12. COUNTY OR PARISH 13. STATE

EDDY

NM

1. OIL ☒ GAS ☐ OTHER

2. NAME OF OPERATOR

ARROWHEAD OIL CORPORATION

3. ADDRESS OF OPERATOR

P.O. BOX 548, ARTESIA, NEW MEXICO 88210

RECEIVED

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 30 '89

O.C.D.

14. PERMIT NO.

30-015-10220

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3662' KB

ARTESIA, OFFICE

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

12-29-88

Pulled rods & tubing, perforated @ 3502'-3508'.

Acidized w/500 gal. 15% NE acid. Fraced w/500 bbl.
gel water.

ACCEPTED FOR RECORD

JAN 25 1989

EB

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

Production Clerk

DATE 1-10-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side