

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR ARROWHEAD OIL CORPORATION		8. FARM OR LEASE NAME BROWN FEDERAL	
3. ADDRESS OF OPERATOR P.O. BOX 548, ARTESIA, NEW MEXICO 88210		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 330' FWL		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg SA	
14. PERMIT NO. 30-025-30199		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3857.3' GR	
12. COUNTY OR PARISH LEA		13. STATE NM	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31-T17S-R32E			

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Log, Perforate, acidize <input checked="" 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.) *

Log well, perforated casing @ 5122'-5124'-5140'-5145'-5163'-5167'-5178'-5191'-5229'-5246'-5247'-5770'-5777'-5786'-5798'-5819'-5823'-5837'-5842'. Acidized perfs 5770'-5842' w/1000 gal 15% acid. No show. Squeezed perfs w/100 sk class H.

Acidized perfs 5122'-5247' w/1000 gal 15% NE. No show, squeezed perfs w/100 sk class "H".

Perforated casing @ 4487'-4490'-4499'-4501'-4524'-4525'-4562'-4564'-4612'-4614'-4616'-4662'-4663'-4717'. Acidized perfs w/2000 gal 15% NE. No show, set retainer @ 4450' and squeezed perfs w/400 sk class H.

Perforated casing @ 4233'-4244'-4252'-4269'-4274'-4314'-4321'-4329'-4342'-4351'-4362'-4368'-4382'-4387'-4392'. Acidized perfs w/500 gal 15% NE acid, no show. Set retainer @ 3972' and squeezed w/200 sk Class "H" cement. PBTD 3972'.

MAY 1988

SJS

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

SIGNED Shirley Loop

TITLE Production Clerk

DATE 2/29/88

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAR 14 1988

HQERS OFFICE