

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. (TE)  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-029410 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	
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 330' FNL & 2310' FEL	
14. PERMIT NO. 30-025-30362	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3880.7' GR

7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME BROWN FEDERAL	
9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Maljamar-grayburg SA	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-T17S-R32E	
12. COUNTY OR PARISH LEA	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL 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) SPUD, CEMENT CSG. T.D. <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.)\*

Spudded @ 5:00 O'Clock P.M. 5/17/88. Drilled surface hole 12 1/2" to 815'. Ran 787' of new 8 5/8" OD J-55 /24# csg. Cemented w/500 sx Class "C", circulated 150 sx. Plugged down @ 12:25 P.M.

TD 4165', ran 4145.71' of new 5 1/2" OD, 17# csg. Cemented w/1800 sx Hall lite, & 500 sx Class "C". Circulated 25 sx, plug down @ 1:30 A.M. P.B.T.D. 4132'. 5-26-88.

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

SIGNED

TITLE Production Clerk

DATE 5-26-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 9 1988

\*See Instructions on Reverse Side

SSS  
CARLSBAD, NEW MEXICO