

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
14-20-0603-639

6. If Indian, Allottee or Tribe Name
NANAO TRIBAL

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation
KING KONG

8. Well Name and No
5

9. API Well No.
3004520224

10. Field and Pool, or Exploratory Area
SALT CREEK DAKOTA

11. County or Parish, State
SAN JUAN

Type of Well
 Oil Well Gas Well Other WIN

Name of Operator
ACTION OIL CO.

Address and Telephone No.
O. BOX 51 - FARMINGTON, N.M. 87499 (505-327-9931)

Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC. 4 T90N R17W

1830 FSL - 430 FWL

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

TYPE OF ACTION

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other _____
- Change of Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

1. PUMPED 56bbls AHEAD AT 300# - MIXED & PUMPED 31 CU FT CEMENT - 2 3/8" FULL TOP TO BOTTOM
2. ERECTED DRY HOLE MARKER
3. CLEANED LOCATION

ENTERED
AFMSS

AUG 26 1999

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

RECEIVED
BLM
99 AUG 25 PM 1:23
070 FARMINGTON, NM

I certify that the foregoing is true and correct

[Signature]

Title OPERATOR

Date 8-22-99

Approved by _____
Name of approval, if any:

Title NMOC

ACCEPTED FOR RECORD