

NOON

1

2

3

4

5

6 P.M.

7

8

9

10

11

MIDNIGHT

11

10

9

8

7

6 A.M.

5

4

3

2

900

800

700

600

500

400

300

200

100

BR 2221

19

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK



100

200

300

400

500

600

700

800

900

100

200

300

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600

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800

900

100

200

300

400

500

600

700

800

900

3-24-98

NE/SE

Sec 14 145 R 346

Well # 40

Held 500 # in 30 min

J. A. Howard  
BLM



UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N.M. Oil & Gas Division  
3119 1st  
Alto, N.M. 87003-2834

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit or CA, Agreement Designation  MILNESAND UNIT
2. Name of Operator A.C.T. OPERATING COMPANY		8. Well Name and No. 42
3. Address and Telephone No. P.O. BOX 323 - LULING, TEXAS 78648 (830)875-2151		9. API Well No. 30-041-10088
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT LETTER "I": 1980' FSL, 660' FEL, S 14, T 85, R 34 E		10. Field and Pool, or Exploratory Area MILNESAND (SAN ANDRES)
		11. County or Parish, State ROOSEVELT COUNTY NEW MEXICO

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

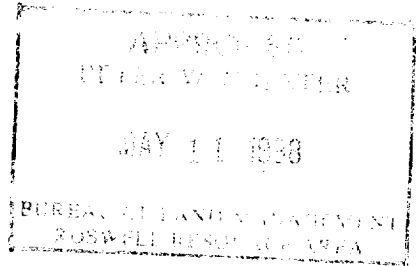
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>INTEGRITY TEST</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

3. 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.)\*

A CASING INTEGRITY TEST HAS BEEN PERFORMED ON 3/24/98 WITH A BLM REPRESENTATIVE PRESENT. A.C.T. IS ASKING FOR A EXTENTION OF TA STATUS ON WELL # 42; A COPY OF THE TEST CHART IS BEING SENT WITH THIS SUNDRY.

APPROVED <sup>12</sup> MONTH PERIOD  
ENDING MAR 24 1999



4. I hereby certify that the foregoing is true and correct  
Signed [Signature] Title GENERAL MANAGER Date 4/27/98  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.