

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

DEC 11 AM 9:27

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	5. Lease Designation and Serial No. 14-20-0603-639
2. Name of Operator ACTION OIL CO, INC. AC Well Ser.	6. If Indian, Allottee or Tribe Name NAVAJO
3. Address and Telephone No. P.O. BOX 51, FARMINGTON, NM 87499 (505)327-9931	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1810' FNL, 1980' FEL, SEC.4 T30N, R17W	8. Well Name and No. KING KONG # 15
	9. API Well No. 30-045-21840
	10. Field and Pool, or Exploratory Area SALT CREEK DAKOTA
	11. County or Parish, State SAN JUAN CO, NM

12. 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 type="checkbox"/> Subsequent Report	<input checked="" 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 type="checkbox"/> Other
	<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.)

13. 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.)*

PUMPING UNIT SET - WELL TESTED AUGUST 1998 2 BOPD & 15 BOPD
WAITING ON DISPOSAL WELL FOR PRODUCED WATER

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DEC 16 1998

OIL CON. DIV.

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

Signed John Cunningham Title Operator Date 12-11-98
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: ACC RD

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.

*See Instruction on Reverse Side
NMOCB