| (June 1990)                                                                                                                                                                       |                                                                                                                                                                  | ATES                                                                                                        | N.M. Oil C.                                                                             | FORM APPROVED                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| (JUNE 1990)                                                                                                                                                                       | DEPARTMENT OF 1                                                                                                                                                  |                                                                                                             |                                                                                         |                                                                                                                                    |
|                                                                                                                                                                                   | BUREAU OF LAND N                                                                                                                                                 | <b>IANAGEMENT</b>                                                                                           | Hobbs NM                                                                                | 88240                                                                                                                              |
|                                                                                                                                                                                   | SUNDRY NOTICES AND REP                                                                                                                                           | ORTS ON WELLS                                                                                               |                                                                                         | LC-060978-062178                                                                                                                   |
| Do not use this form for proposals to drill or to deepen or reentry to different reservoir.                                                                                       |                                                                                                                                                                  |                                                                                                             |                                                                                         |                                                                                                                                    |
|                                                                                                                                                                                   | e "APPLICATION FOR PERMIT                                                                                                                                        |                                                                                                             |                                                                                         | 6. If Indian, Allottee or Tribe Nam                                                                                                |
|                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                             |                                                                                         |                                                                                                                                    |
|                                                                                                                                                                                   | SUBMIT IN TRIPL                                                                                                                                                  | ICATE                                                                                                       |                                                                                         | 7.If Unit or CA, Agreement Designatio                                                                                              |
| 1. Type of Well Oil Gas Other                                                                                                                                                     |                                                                                                                                                                  |                                                                                                             | MILNESAND UNIT                                                                          |                                                                                                                                    |
| 2. Name of Operator                                                                                                                                                               |                                                                                                                                                                  |                                                                                                             | 8. Well Name and No.<br>Milnesand (San Andres) Unit #55                                 |                                                                                                                                    |
| A.C.T. Operating Company                                                                                                                                                          |                                                                                                                                                                  |                                                                                                             |                                                                                         | 9. API Well No.                                                                                                                    |
| 3. Address and Telephone Nc. 301 N. Colorado, Ste 323 Midland, TX 79701 915-683-4640                                                                                              |                                                                                                                                                                  |                                                                                                             |                                                                                         | 30-041-00252                                                                                                                       |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                            |                                                                                                                                                                  |                                                                                                             |                                                                                         | 10.Field and Pool, or Exploratory Area                                                                                             |
|                                                                                                                                                                                   | L and 1980' F EAST L (Surface                                                                                                                                    |                                                                                                             |                                                                                         | MILNESAND (SAN ANDRES)                                                                                                             |
|                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                             |                                                                                         | 11. County or Parish, State                                                                                                        |
|                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                             |                                                                                         | ROOSEVELT, NM                                                                                                                      |
| 12 CHECK APPR                                                                                                                                                                     | OPRIATE BOX(s) TO INE                                                                                                                                            | ICATE NATURE OF                                                                                             | F NOTICE, REPOR                                                                         | RT, OR OTHER DATA                                                                                                                  |
| TYPE OF SUBMI                                                                                                                                                                     | SSION                                                                                                                                                            |                                                                                                             | TYPE OF ACTION                                                                          | ON                                                                                                                                 |
| Notice of Inten                                                                                                                                                                   | •                                                                                                                                                                | Abandonmer                                                                                                  | nt -                                                                                    | Change of Plans                                                                                                                    |
|                                                                                                                                                                                   |                                                                                                                                                                  | Recompletion                                                                                                |                                                                                         | New Construction                                                                                                                   |
| Subsequent Re                                                                                                                                                                     | enort                                                                                                                                                            | Plugging Bac                                                                                                |                                                                                         | Non-Routine Fracturing                                                                                                             |
|                                                                                                                                                                                   | oport                                                                                                                                                            | Casing Repa                                                                                                 |                                                                                         | Water Shut-Off                                                                                                                     |
| 🔲 Final Abandon                                                                                                                                                                   | ment Notice                                                                                                                                                      |                                                                                                             | RESUME PRODUCTION                                                                       | Dispose Water                                                                                                                      |
|                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                             |                                                                                         |                                                                                                                                    |
| proposed work. If Well is direct                                                                                                                                                  | pleted Operations (Clearly state                                                                                                                                 | all pertinent details, and g                                                                                | give pertinent dates, inc                                                               | ation or Recompletion Report and Log form<br>cluding estimated date of starting any<br>for all markers and zones pertinent to this |
| proposed work. If Well is direct<br>work.)                                                                                                                                        | pleted Operations (Clearly state<br>tionally drilled, give subsurface le                                                                                         | all pertinent details, and g<br>ocations and measured a                                                     | give pertinent dates, ind<br>nd true vertical depths                                    |                                                                                                                                    |
| proposed work. If Well is direct<br>work.)<br>Change well status from TA to p<br>Change well status from TA to p<br>14.   hereby estify that the fore<br>Signed                   | pleted Operations (Clearly state<br>tionally drilled, give subsurface le<br>pumping oil well as of 11/20/99.                                                     | all pertinent details, and g<br>ocations and measured an<br>MIRU pulling unit. PU tu<br>de <u>Productic</u> | give pertinent dates, ind<br>nd true vertical depths t<br>ubing & GIH to PBTD &<br>ACCE | cluding estimated date of starting any for all markers and zones pertinent to this                                                 |
| proposed work. If Well is direct<br>work.)<br>Change well status from TA to p<br>14. I hereby estify that the fore<br>Signed                                                      | pleted Operations (Clearly state<br>tionally drilled, give subsurface le<br>pumping oil well as of 11/20/99.                                                     | all pertinent details, and g<br>ocations and measured an<br>MIRU pulling unit. PU tu<br>de <u>Productic</u> | give pertinent dates, ind<br>nd true vertical depths i<br>ibing & GIH to PBTD &<br>AGCE | bluding estimated date of starting any<br>for all markers and zones pertinent to this<br>circ clean. Run tubing & pump & hang on.  |
| proposed work. If Well is direct<br>work.)<br>Change well status from TA to p<br>14. I hereby estify that the fore<br>Signed                                                      | pleted Operations (Clearly state<br>tionally drilled, give subsurface le<br>pumping oil well as of 11/20/99.<br>going is true and correct<br>Tit<br>e office use | all pertinent details, and g<br>ocations and measured an<br>MIRU pulling unit. PU tu<br>de <u>Productic</u> | give pertinent dates, ind<br>nd true vertical depths i<br>ibing & GIH to PBTD &<br>AGCE | bluding estimated date of starting any<br>for all markers and zones pertinent to this<br>circ clean. Run tubing & pump & hang on.  |
| proposed work. If Well is direct<br>work.)<br>Change well status from TA to p<br>The space for Federal or State<br>Approved by <u>Cartering</u><br>Conditions of approval, if any | pleted Operations (Clearly state<br>tionally drilled, give subsurface le<br>pumping oil well as of 11/20/99.<br>going is true and correct<br>Tit<br>e office use | all pertinent details, and g<br>ocations and measured an<br>MIRU pulling unit. PU tu<br>de <u>Productic</u> | give pertinent dates, ind<br>nd true vertical depths i<br>ibing & GIH to PBTD &<br>AGCE | bluding estimated date of starting any<br>for all markers and zones pertinent to this<br>circ clean. Run tubing & pump & hang on   |