

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

P.O. Box 1980
Hobbs, NM 8824

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

A.C.T. OPERATING COMPANY

3. Address and Telephone No.

P.O. BOX 323 - LULING, TEXAS 78648 (210)875-2151

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

UNIT LETTER "G": 1980' FNL & 1980' FEL
SECTION 13, T8S-R34E

5. Lease Designation and Serial No.

LC-062178

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

MILNESAND UNIT

8. Well Name and No.

55

9. API Well No.

030-041-00252

10. Field and Pool, or Exploratory Area

MILNESAND (SAN ANDRES)

11. County or Parish, State

ROOSEVELT, COUNTY
NEW MEXICO

12. 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 REACTIVATE

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

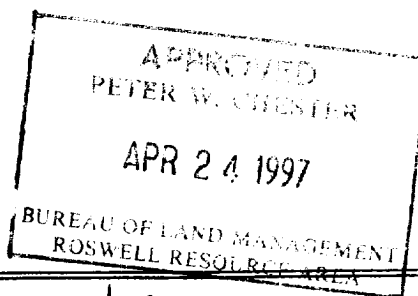
☐ Conversion to Injection

☐ Dispose Water

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

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.)

A.C.T. OPERATING COMPANY TOOK OVER OPERATIONS OF THE MILNESAND UNIT IN NOVEMBER 1994, WHICH AT THAT TIME THE MSU# 55 WAS SI. A.C.T. OPERATING PLANS ON CLEANING OUT, OPEN ADDITIONAL PAY AND ACIDIZING THIS WELL IN OCTOBER 1997. THUS THE WELL WILL BE REACTIVATED AT THAT TIME.



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

Signed

Title

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: