

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
IC-06217, State or Fee

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
2. Name of Operator A.C.T. OPERATING COMPANY	8. Well Name and No. 128
3. Address and Telephone No. P.O. BOX 323 - LULING, TEXAS 78648 (210)875-2151	9. API Well No. 30-041-10018
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT LETTER C: 666' FROM THE NORTH LINE AND 1900' FROM THE WEST LINE NENW SECTION 7 TOWNSHIP 8S, RANGE 35E	10. Field and Pool, or Exploratory Area MILNESAND (SAN ANDRES)
	11. County or Parish, State ROOSEVELT, NEW MEXICO

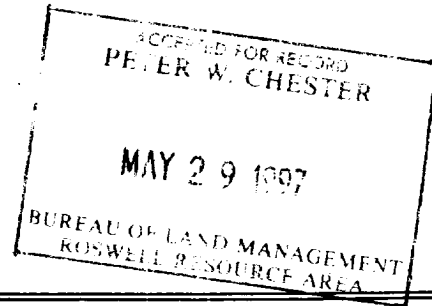
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 REACTIVATED 4/97
	<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.)*

RECEIVED
1997 MAY 20 P 10:10
BUREAU OF LAND MANAGEMENT
ROSWELL OFFICE



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

Signed

Title GENERAL MANAGER

Date 5/16/97

(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.

*See Instruction on Reverse Side