Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-041-10059

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. LC 060978

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: MILNESAND UNIT

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER INJECTION WELL

2. Name of Operator: A.C.T. OPERATING COMPANY

8. Well No. 310

3. Address of Operator: P.O. BOX 323, LULING, TEXAS 78648

9. Pool name or Wildcat: 46930

4. Well Location
Unit Letter F : 1980 Feet From The NORTH Line and 1909 Feet From The WEST Line

Section SE SW 19 Township 8S Range 35E NMPM ROOSEVELT County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4236.6 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	X	PLUG AND ABANDON	☐	REMEDIAL WORK	X	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1) POOH WITH TUBING & PACKER TO FIND LEAK.

2) CHANGED OUT 1 JOINT 2 3/8 TUBING / REPLACED PACKER WITH 4 1/2 BAKER AD-1.

3) SET PACKER, TESTED WELL TO 470# FOR 30 MIN. PRESSURE HELD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [signature] TITLE FOREMAN PRODUCTION DATE 5/18/98

TYPE OR PRINT NAME TELEPHONE NO. (830)875-21

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

A.C.T. OPERATING CO. 5058152529 P.02