

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-060978
2. Name of Operator A.C.T. OPERATING COMPANY	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. BOX 323, LULING, TEXAS 78648 (210)875-2151	7. If Unit or CA, Agreement Designation MILNESAND UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT LETTER G: 1980' FROM THE NORTH LINE AND 1980' FROM THE EAST LINE SW NE SEC. 19 TOWNSHIP 8S, RANGE 35E	8. Well Name and No. 312
	9. API Well No. 30-041-10061
	10. Field and Pool, or Exploratory Area MILNESAND (SAN ANDRES)
	11. County or Parish, State ROOSEVELT COUNTY, NEW MEX

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 REACTIVATE
	<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

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.)\*

IN AUGUST 1993 THE OPERATOR OF MSU#312 CLEANED OUT, DEEPEN, LOG, REPERFORATED, AND ACID STIMULATED THE SAN ANDRES ZONES. THE WELL WAS SHUT IN AUGUST 15, 1994 DUE TO PUMP FAILURE. WE PLAN REATIVATING DURING AUGUST 1997.

APPROVED  
PETER W. CHESTER  
APR 24 1997  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

14. I hereby certify that the foregoing is true and correct		
Signed <u>[Signature]</u>	Title <u>General Manager</u>	Date <u>4/4/97</u>
(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 statement or representations as to any matter within its jurisdiction.