

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Div.  
P.O. Box 1900  
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**

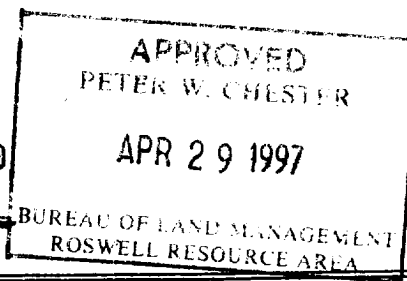
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-062178
2. Name of Operator A.C.T. OPERATING COMPANY	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. BOX 323, LULING, TEXAS 78648 (210)875-2151	7. If Unit or C.A. Agreement Designation MILNESAND UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT LETTER K: 1980' FROM THE SOUTH LINE AND 1909.5' FROM THE WEST LINE NE SW SEC. 19 TOWNSHIP 8S, RANGE 35E	8. Well Name and No. 314
	9. API Well No. 30-041-10063
	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"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other <u>REACTIVATE</u> <i>SI</i> <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 <small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>

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 JULY 1993 THE OPERATOR OF MSU# 314, REPERFORATED AND ACID STIMULATED THE SAN ANDRES ZONES. THE WELL WAS INACTIVE WHEN A.C.T. OPERATING TOOK OVER THE PROPERTY IN NOVEMBER 1994. THE WELL WAS SHUT IN MARCH 27, 1994 DUE TO LOW OIL PRICES. A.C.T. OPERATING PLANS TO REACTIVATE THIS WELL IN JULY, 1997. CURRENTLY RIG AVAILABILITY IS VERY LOW AND COULD DEFER REACTIVATION GIVEN OUR AGGRESSIVE WORK PLANS DURING SUMMER 1997.

APPROVED FOR — MONTH PERIOD  
ENDING 3/1/98



RECEIVED  
APR 10 '97

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

Signed

Title

Date

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title

Date

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.

\*See Instruction on Reverse Side