

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
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.  
42  
9. API Well No.  
30-041-10088  
10. Field and Pool, or Exploratory Area  
MILNESAND (SAN ANDRES)  
11. County or Parish, State  
ROOSEVELT COUNTY  
NEW MEXICO

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 "I": 1980' FSL, 660' FEL, S14, T85, R34E

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

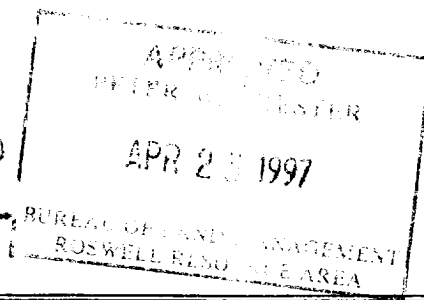
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other EXTEND TA TESTING	<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.)\*

A.C.T. OPERATING COMPANY HAS PLANNED A MAJOR WORKOVER AND TESTING PROGRAM IN THE CENTER OF THE MILNESAND FIELD. PENDING OUR ASSESSMENT OF THAT WORK WE WILL CONTINUE TO EXPEND OUT TO AREAS SUCH AS THE MSU# 42. WE REQUEST DELAY OF TA PROCEEDURE TESTING UNTIL MARCH 1998.

APPROVED FOR 12 MONTH PERIOD  
ENDING 12/10/97



14. I hereby certify that the foregoing is true and correct  
Signed [Signature] Title General Manager Date 4/8/98  
(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.

*[Handwritten mark]*