

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Co.  
811 S. 1st St.  
Artesia, NM 87010

Division FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
LC - 060978  
2834

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
MILNESAND UNIT

8. Well Name and No.  
210

9. API Well No.  
30-041-10153

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**

Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

Name of Operator  
A.C.T. OPERATING COMPANY

Address and Telephone No.  
P.O. BOX 323 - LULING, TEXAS 78648 (830)875-2151

Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1720' FSL, 660' FWL, S 20, T 8 S, R 35 E

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

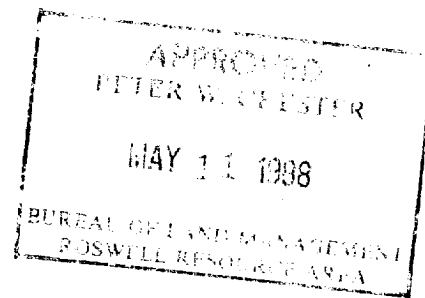
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other INTERGRITY TEST
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Finishing
	<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.)

3. 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 CASING INTEGRITY TEST HAS BEEN PERFORMED ON 3/24/98 WITH A BLM REPRESENTATIVE PRESENT. A.C.T. IS ASKING FOR A EXTENTION OF TA STATUS ON WELL #210. A COPY OF THE TEST CHART IS BEING SENT WITH THIS SUNDRY.

APPROVED <sup>12</sup> MONTH PERIOD  
ENDING MAR 24 1999



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

Signed [Signature] Title GENERAL MANAGER Date 4/27/98

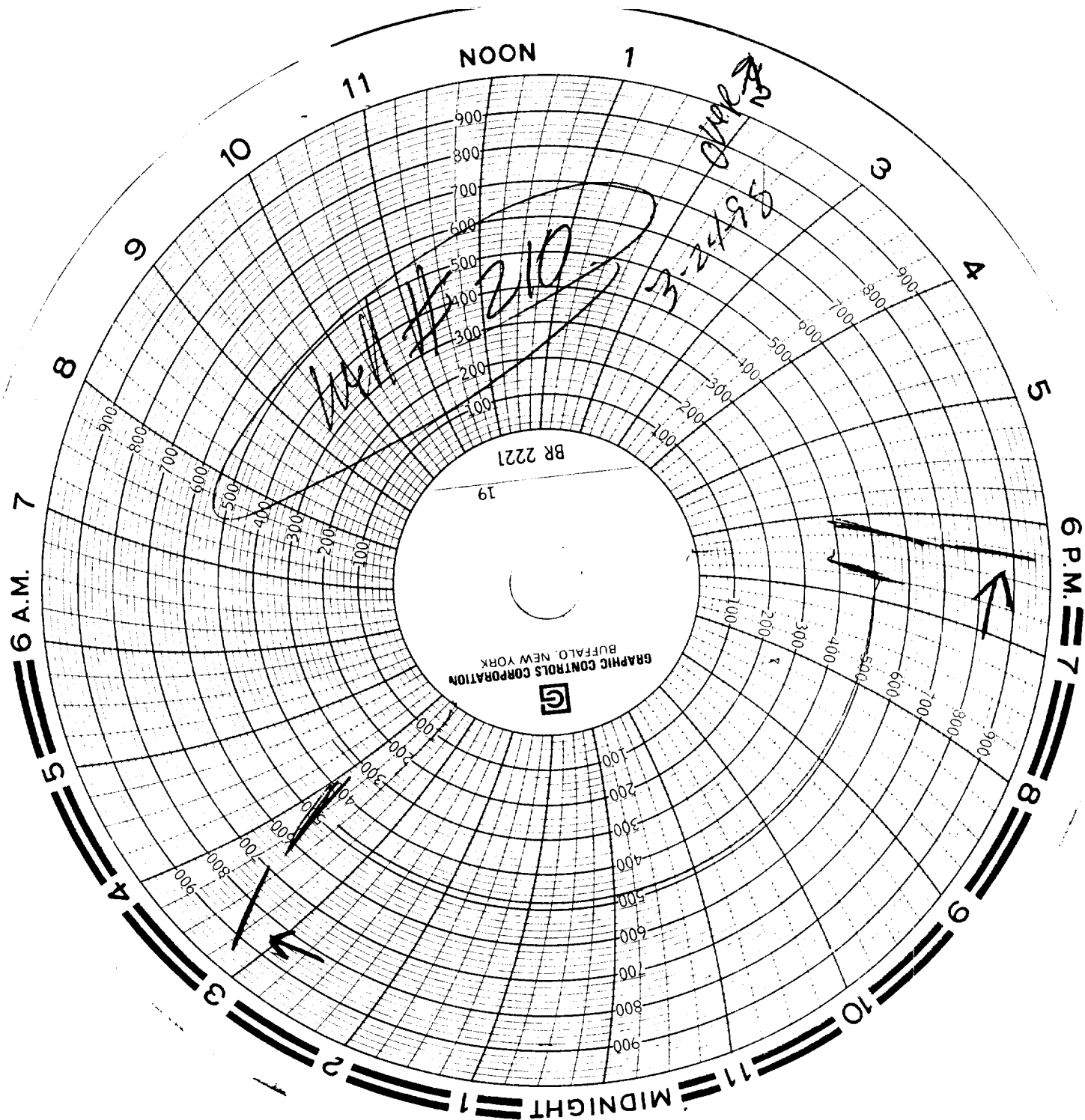
(This space for Federal or State office use)

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.

\*See instruction on Reverse Side



M. me sand unit # 210  
NW/SW/sec. 20-83-35E

Well held 500# n' 30 mn

Job 3-24-98

J. H. H. H. H.