

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas 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
☒ 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)
1260' FNL, 1300' FEL, S13, T8S, R34E

5. 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.
525

9. API Well No.
30-041-20650

10. Field and Pool, or Exploratory Area
MILNESAND (SAN ANDRES)

11. County or Parish, State
ROOSEVELT COUNTY,
NEW MEXICO

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 REACTIVATE | <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.)*

MSU# 525 WAS SHUTIN IN 1991, FOR ECONOMIC REASONS . WE PLAN ON REACTIVATING THIS WELL IN JULY 1997.. A CASING INTEGRATY TEST WAS PERFORMED IN JULY 1991.

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

RECEIVED
APR 10 1997
BLM
ROSWELL, NM

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

Signed [Signature] Title General Manager Date 4/4/97

(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.