

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
M. Oil Cons. Division
625 N. French Dr.
Hobbs, NM 88240

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 different reservoir.
Use "APPLICATION FOR PERMIT --" for such proposals

5. Lease Designation and Serial No.

LC-060978

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

MILNESAND UNIT

8. Well Name and No.

Milnesand (San Andres) Unit #121

9. API Well No.

30-041-00028

10. Field and Pool, or Exploratory Area

MILNESAND(SAN ANDRES)

11. County or Parish, State
ROOSEVELT, NM

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.
301 N. Colorado, Ste 323 Midland, TX 79701 915-683-4640

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter: M 660' F SOUTH L and 660' F WEST L (Surface) Sec. 7-8S-35E

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

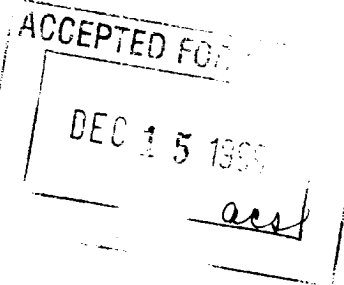
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other CLEAN OUT & TREAT
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)

Solvent stimulation and clean out completed 11/5/99. MIRU pulling unit. Ran scraper to PBTD and circulated solvent and hot water. Run tubing and pump and hang well on.



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

Signed Carolyn Price Title Production Clerk Date 12/9/99

(This space for Federal or State office use)

Approved by [Signature] Title _____ Date _____

Conditions of approval, if any