

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

LC-060978 - FCE

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 #194

9. API Well No.

30-041-00032

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: K 1980' F SOUTH L and 1980' F WEST L (Surface) Sec. 13-8S-34E

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

TYPE OF SUBMISSION

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

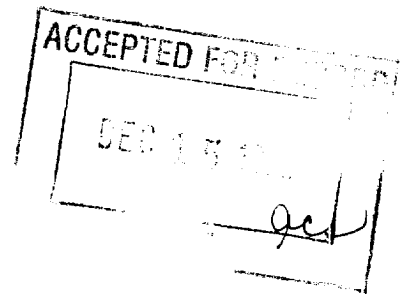
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other ACIDIZE
☐ 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.)

The following stimulation was completed on 11/23/99. MIRU pulling unit & pull rods & pump. RIH with packer and set at 4482'. Acidize with 3000 gallons 15% CCA-Sour acid at 1-3 BPM and displace with produced water. Swab back for 4 hours. Pump gyp inhibitor - 59- into formation. RIH with tubing and pump and shut in for 24 hours. Start unit.



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

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.