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NEW MEXICO OIL CONSERVATION COMMISSION

30-031-20542
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Thomas Drought	
2. Name of Operator Miles Production Company		9. Well No. 1	
3. Address of Operator P. O. Box 154, Carrollton, Texas 75006		10. Field and Pool, or Wildcat Wildcat <i>Entrada</i>	
4. Location of Well UNIT LETTER <i>A</i> LOCATED <i>330</i> FEET FROM THE <i>north</i> LINE AND <i>660</i> FEET FROM THE <i>East</i> LINE OF SEC. <i>15N</i> TWP. <i>6W</i> RGE. <i>6W</i> MPM		12. County McKinley	
19. Proposed Depth 3500		19A. Formation Entrada	
20. Rotary or C.T. Rotary		21. Elevation (Show whether DT, RT, etc.) 6610 GR	
21A. Kind & Status Plug, Bond One well current		21B. Drilling Contractor Chesney Drlg. Co.	
22. Approx. Date Work will start Aug. 18, 1978			

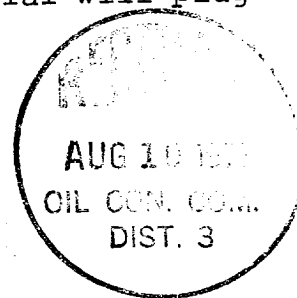
23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
9 7/8	7 7/8	20#	100	25	surface
6 1/4	4 1/2	9.5	3000	100	surface

Will set surface casing and drill 6 1/4" hole to a depth sufficient to test the Entrada Formation, run electric logs and test. If results of test warrant, will run and cement 4 1/2" production casing, cemented to surface, perforate and install pump. If non-commercial will plug and abandon in accordance with NMOCC regulations.

11-8-78



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Steve Kirby Title Vice-President Date August 7, 1978

(This space for State Use)

SUPERVISOR DIST. #

APPROVED BY AR Kendrick TITLE DATE AUG 10 1978

CONDITIONS OF APPROVAL, IF ANY: