



BRUCE KING
GOVERNOR

LARRY KEHOE
SECRETARY

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

September 11, 1979

Mr. J. B. Fuller
Miles Production Company
P. O. Box 154
Carrollton, Texas 75006

Re: Miles Production Company
Thomas Drought #1
A-4-15N-6W

Dear Mr. Fuller:

I have learned orally that the hearing for the subject well will be heard October 2, 1979, instead of October 3, 1979, as requested.

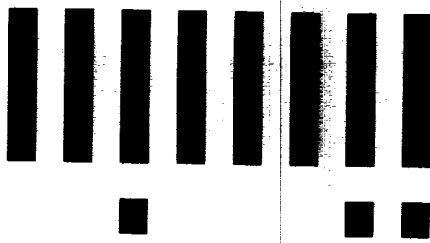
I hope this does not interfere with your plans too drastically.

Yours very truly,

A. R. Kendrick
District Supervisor

XC: Oil Conservation Division, Santa Fe

ARK:no



LTR



Job separation sheet

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

I. Operator
Capital Oil & Gas Company
Address
P. O. Box 1038, Kilgore, Texas 75661
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner Miles Production Company, P. O. Box 154 Carrollton, Texas 75606

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thomas Drought, et al	Well No. 1	Pool Name, including Formation Wildcat-Hospah	Kind of Lease State, Federal or Fee fee	Lease No. 18038
Location Unit Letter A : 330 Feet From The North Line and 660 Feet From The East Line of Section 4 Township 15N Range 6 W , NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company TWC	Address (Give address to which approved copy of this form is to be sent) P. O. Box 576, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of production and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Gary Blank
(Signature)

Representative

(Title)

10/5/81

(Date)

OIL CONSERVATION DIVISION

OCT 9 - 1981

APPROVED

Original Signed by CHARLES GHOLSON

BY

DEPUTY OIL & GAS INSPECTOR, DIST. #3

TITLE

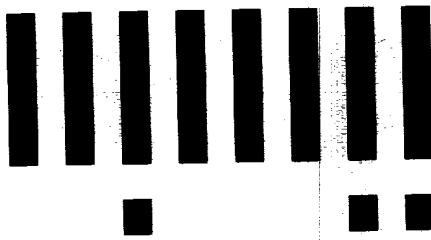
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.



LTR



Job separation sheet

NO. OF COPIES RECEIVED	1	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104
DISTRIBUTION		REQUEST FOR ALLOWABLE	Supersedes Old C-104 and C-11
DATE		AND	Effective 1-1-65
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			
Operator			
Miles Production Company			
Address			
P. O. Box 154, Carrollton, Texas 75006			
Reason(s) for filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
Other (Please explain)			
			TEMPORARY APPROVAL FOR TESTING ONLY
			THIS APPROVAL EXPIRES MAY 31, 1979.

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Thomas Drought #1	1	we Gallup	State, Federal or Fee Fee
Location			
Unit Letter	A	330 Feet From The North Line and 660 Feet From The East	
Line of Section	4	Township 15N Range 6W	NMPM, McKinley County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>
THRIFTWAY COMPANY		Address (Give address to which approved copy of this form is to be sent)	
		Box 1367, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>
		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	A	4	15N
			6W
			No
			When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
August 16, 1978	November 16, 1978	3060 feet	910 feet
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6610 feet	Hospah	728 feet	712 feet
Perforations			Depth Casing Shoe
728-740 feet			910 feet
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9"	7 1/2"	40 feet	20 sacks
6 1/4"	4 1/2"	910 feet	150 sacks

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Nov. 16, 1978	Nov. 16, 1978	Pump & flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	0-80#	125#	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
48 bbls	6	42 bbls	NLI

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. B. Daulton
(Signature)
Petroleum Geologist
(Title)
11/29/78
(Date)

OIL CONSERVATION COMMISSION	
DEC 15 1978	
APPROVED	19
BY <u>Original</u> Signed by A. R. Kendrick	
TITLE <u>SUPERVISOR DIST. #3</u>	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
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Separate Forms C-104 must be filed for each pool in multiply recompleted wells.	