

OIL CONSERVATION COMMISSION

P. O. BOX 871

SANTA FE, NEW MEXICO

February 27, 1956

Mr. H. E. Shillander
Andro-Eidal Company
c/o Royal Development Co.
P.O. Box 1299
Albuquerque, New Mexico

Dear Sir:

On February 10, 1956, you called this office and requested approval of an unorthodox location for your Andro-Eidal Company Well No. 2 Drought-Booth (Canyoncito) in the SE/4 SW/4 SW/4 of Section 33, Township 16 North, Range 6 West, McKinley County, New Mexico. You were to submit immediately a request in writing to cover the authorization which we gave you for this unorthodox location by wire on February 10, 1956, but as of this date we have not received it.

It is noted that you submitted Form C-101 dated February 14, 1956, for a location 990 feet from the East line whereas you had requested an unorthodox location 990 feet from the West line and 330 feet from the South line of Section 33, Township 16 North, Range 6 West. These two requests are entirely different, so please inform us of the correct location.

Very truly yours,

W. B. Macey
Secretary - Director

WWM:brp

CC-Oil Conservation Commission
P.O. Box 697
Aztec, New Mexico

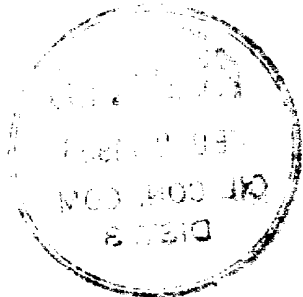


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OIL CONSERVATION COMMISSION
P.O. BOX 871
SANTA FE, NEW MEXICO

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

*Part in
schedule
W-C-166
4-3-84*

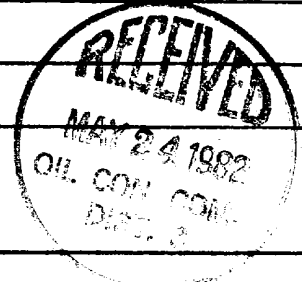
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FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Capital Oil & Gas Corporation

Address
P. O. Box 2130, Kilgore, TX 75662

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change In Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	



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

DESCRIPTION OF WELL AND LEASE

Lease Name T. Drought	Well No. 2	Pool Name, including Formation Hospah - Gallup	Kind of Lease State, Federal or Fee Fee	Lease No. 18038
Location Unit Letter P ; 330 Feet From The South Line and 660 Feet From The East				
Line of Section 33 Township 16N 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"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) Farmington, NM
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
	A 4 16N 6W No

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/12/81	Date Compl. Ready to Prod. 11/12/81	Total Depth 806'	P.B.T.D. 804'					
Elevations (DF, RKB, RT, GR, etc.) 6,633' GL	Name of Producing Formation Hospah Gallup	Top Oil/Gas Pay 776'	Tubing Depth 791'					
Perforations 778' - 781' 4 jspf							Depth Casing Shoe 806'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8"	4 1/2"	806'	175sx
4 1/2"	2 3/8"	791'	-

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 4/22/82	Date of Test 4/24/82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 40	Choke Size Full
Actual Prod. During Test 14	Oil - Bbls. 3	Water - Bbls. 11	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Gary Blanks *Gary Blanks*
(Signature)
Vice President of Operations
(Title)
5/18/82
(Date)

OIL CONSERVATION DIVISION
2-4-83 **FEB 04 1983**
APPROVED _____, 19____
BY **Original Signed by FRANK T. CHAVEZ**
TITLE **SUPERVISOR DISTRICT # 3**

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.