

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
 Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 bara at 60° Fahrenheit.

Hobbs, New Mexico February 18, 1959

(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Santiago Oil & Gas Company State _____ Well No. **1-20** in **RM** $\frac{1}{4}$ **NE** $\frac{1}{4}$
 (Company or Operator) (Lease)
 Sec. **30** T. **12N** R. **14E** NMPM. **Midland** Pool:

Unit Letter **Lee**

County _____ Date Spudded **9/7/58** Date Drilling Completed **2/1/59**
 elevation **1203' OL** Total Depth **13,103'** PBTD **13,045'**

Please indicate location

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay **10,208'** Name of Prod. Form. **Sugar Pine**

PRODUCING INTERVAL -

Perforations **10,218-10,226; 10,230-10,238 w/ 1/2 jet chokes p/r**

Open Hole _____ Depth _____ Casing Shoe _____ Depth Tubing **12,910'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **288** bbls. oil, **0** bbls water in **26** hrs, _____ min. Choke Size **1 1/2"**

GAS WELL TEST - **based on 48 20 in 4 hrs. Qty 45' Corr- OCM 47501**

Natural Prod. Test: _____ MCF/Days; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Size
1 1/2"	288'	300'
7-3/8"	4115'	1730'
7"	13,085'	730'
2" tbg	set at 12,910'	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Days; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **3000 gal 15%**

Casing Tubing **5000'** first new **2/12/59**
 Press. _____ Press. **5000'** run to tanks

Oil Transporter **Service Pipe Line Company**

Gas Transporter **None at present**

Remarks: **Production set @ 12,875'** **Deal string production number set at 10,190'**

This well has application for dual completion, Pennsylvanian oil and Devonian gas distillate. This form filed for allowable in Pennsylvania only.

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

Approved: _____, 19____

Santiago Oil & Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **[Signature]**

(Signature)

By: _____

Title **Production Manager**

Title _____

Send Communications regarding well to:

Name **Box 1205 Midland, Texas**

Address _____

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REvised 7/1/55

STATE LAND OFFICE
SANTA FE, N.M.

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FEB 25 AM 10 15

Company or Operator Sanitago Oil & Gas Company Lease State

Well No. 1-30 Unit Letter B S 30 T 12 R 34 Pool Wildcat (Pennsylvania)

County Lee Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit B S 30 T 12 R 34

Authorized Transporter of Oil or Condensate Service Pipe Line Company

Address Box 337 Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address _____ Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Being flared at present- when overhead gas connection is made, new C-110
will be filed.

Reasons for Filing: (Please check proper box) New Well (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: _____ (Give explanation below)

This form filed for Pennsylvania use only, Gas completion

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 18th day of February 19 59

By Delmar B. Bowers
Title Production Manager

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

Company Sanitago Oil & Gas Company

Address Box 337 Midland, Texas

By _____

Title _____

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NEW MEXICO
OIL CONSERVATION COMMISSION

PACKER LEAKAGE TEST

RECEIVED 4-1-56
STATE LAND OFFICE
SANTA FE, N.M.

Operator Santiago Oil & Gas Co. Pool (Upper Completion) Pennsylvania
Lease State Well 1-30 Pool (Lower Completion) Devonian
Location: Unit B, S. 30, T18S, R34E, Lea County, N. M.

Pre-Test Shut-In

Shut-in at (hour, date)..... 10:00 PM 2-15-59 Upper Completion Lower Completion
Pressure stabilized at (hour, date)..... Not known Not known
Length of time required to stabilize (hours)..... Not known Not known

Flow Test No. 1

Test commenced at (hour, date) 7:00 A. M. 2-17-59. Choke size 18/64
Completion producing Penn Completion shut-in Devonian
Stabilized pressure at beginning of test..... 1100 psi Upper Completion Lower Completion
Maximum pressure during test..... 1100 psi 3300 psi
Minimum pressure during test..... 400 psi 3300 psi
Pressure at end of test..... 500 psi 3300 psi
Maximum pressure change during test..... 700 psi 0 psi
Oil flow rate during test: 288 BOPD based on 48 BO in 4 hours.
Gas flow rate during test: 137.3 MCFPD based on 22.9 MCF in 4 hours.

Mid-Test Shut-In

Shut-in at (hour, date)..... 11:00 AM 2-17-59 Upper Completion Lower Completion
Pressure stabilized at (hour, date)..... 3:00 PM 2-17-59 Not known
Length of time required to stabilize (hours)..... 4 hrs Not known

Flow Test No. 2

Test commenced at (hour, date) 5:00 PM 2-17-59. Choke size 16/64
Completion producing Devonian Completion shut-in Penn
Stabilized pressure at beginning of test..... 1000 psi Upper Completion Lower Completion
Maximum pressure during test..... 1050 psi 3300 psi
Minimum pressure during test..... 1000 psi 2400 psi
Pressure at end of test..... 1050 psi 2400 psi
Maximum pressure change during test..... 50 psi 700 psi
Oil flow rate during test: 438 BOPD based on 73** BO in 4 hours.
Gas flow rate during test: 1,600 MCFPD based on 266.7 MCF in 4 hours.

Test performed by John W. West Title Engineer
Witnessed by Delmar Bassett Title Production Supt.
REMARKS: **This reported as if it were oil so far as this form is set up,
Actually the fluid from the Devonian section is a 62 API gravity
condensate or distillate.

NOTE: Recording gauge pressure charts, test data sheet, and a graphic depiction of all phases of the test shall be submitted with this report.

AFFIDAVIT:

I HEREBY CERTIFY that all conditions prescribed by Oil Conservation Commission of the State of New Mexico for this packer leakage test were complied with and carried out in full, and that all dates and facts set forth in this form and all attached material are true and correct.

John W. West For John West Engineering
(Representative of Company Making Test) (Company Making Test)

SWORN TO AND SUBSCRIBED before me this the 19th day of February, 1959, 1959

R. E. Madsen
Notary Public in and for the County of Lea
State of New Mexico

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(OVER)

PACKER LEAKAGE TEST

Oil and Gas Conservation Commission

1. At least 24 hours prior to the commencement of the test, the operator shall notify the District Office of the proposed test in writing of the exact time said test is to be commenced.
2. The packer leakage test shall be run with both sides of the completion shut-in. Both sides of the completion shall be shut-in for a sufficient length of time to allow for complete stabilization of the wellhead pressures, and for a minimum of 2 hours thereafter- this minimum of 2 hours shall be indicated on the charts of the pressure recorder and also must appear on the data sheet.
3. For Flow Test No. 1, the side of the well completion shall be opened with the other side shut-in. This test shall be continued until the flowing wellhead pressure has become stabilized and for a minimum of 2 hours thereafter, and shall be at a rate of flow approximating the normal rate of flow for the zone being produced.
4. Following the completion of flow test No. 1, the well will again be shut-in, and remain so until the wellhead pressure has again become stabilized and for a minimum of 2 hours thereafter.
5. Flow Test No. 2 shall be conducted with the previously shut-in side of the dual completion flowing and the previously flowing side of the completion used in test number 1 remaining shut-in. This test shall be conducted exactly as outlined under Flow Test No. 1, and must be performed even though no leak was indicated by Flow Test No. 1.
6. All pressures, throughout the test, must be continuously measured and recorded with recording pressure gauges.
7. The accuracy of the recording gauges shall be checked at regular intervals throughout the test with a dead weight test gauge, and all readings shall be recorded on the test data sheet provided.
8. For any well on which the wellhead pressure will not stabilize in (24) twenty four hours or less, the minimum shut-in or shut-in time allowed for stabilization shall be (24) twenty-four hours.
9. This form must be completed and filed in duplicate with the District Office of the Oil Conservation Commission within 15 days following the completion of the testing, and must be accompanied by:
 - a. all of the charts, or copies thereof, used on the pressure recorders during the test,
 - b. the test data sheet (A), or a copy thereof, required under paragraph 6 of these rules,
 - c. a graph reflecting the pressures and their changes, for both sides of the completion over the entire test.
10. This packer leakage test shall be performed upon dual completion of any new wells so approved by the Commission. This test shall also be required each year during the annual GOR test for the wells on which the Commission is so concerned. The Commission may also require this test at any time when they feel that a new test is desirable.

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

RECORDED AND INDEXED
6-1-56

PACKER-SETTING AFFIDAVIT
(Dual Completions)

STATE OF New Mexico)
County of Lea) ss

Delmas Broussard, being first duly sworn according to law, upon his oath deposes and says:

That he is of lawful age and has full knowledge of the facts herein below set out.

That he is employed by Santiago Oil & Gas Co. in the capacity of Production Manager and as such is its authorized agent.

That on Feb. 8, 19 59, he personally supervised the setting of a Baker Model K in Santiago Oil & Gas Company's's
(Make and Type of Packer) (Operator)

State Well No. 1-30, located in Unit
(lease)
Letter 1, Section 30, Township 12, Range 34, NMPM,
Lea County, New Mexico.

That said packer was set at a subsurface depth of 12,875 feet, said depth measurement having been furnished by Behlhuber.

That the purpose of setting this packer was to effect a seal in the annular space between the two strings of pipe where the packer was set so as to prevent the commingling, within the well-bore, of fluids produced from a stratum below the packer with fluids produced from a stratum above the packer. That this packer was properly set and that it did, when set, effectively and absolutely seal off the annular space between the two strings of pipe where it was set in such manner as that it prevented any movement of fluids across the packer.

Santiago Oil & Gas Company
(Company)

Delmas Broussard
(its Agent)

Subscribed and sworn to before me this the 19th day of Feb., 19 59.

[Signature]
Notary Public in and for the County
of Lea

My Commission Expires 12/30/61.

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NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

7-3-58

APPLICATION FOR DUAL COMPLETION

RECEIVED
STATE LAND OFFICE
SANTA FE, N. M.

Field Name 44280		County Los	Date 2/10/58
Operator Sanitago Oil & Gas Company		Lease 1958 FEB	Well No. 2-20
Location of Well	Unit B	Section 30	Township 12 South
			Range 24 East

1. Has the New Mexico Oil Conservation Commission heretofore authorized the dual completion of a well in these same pools or in the same zones within one mile of the subject well? YES NO
2. If answer is yes, identify one such instance: Order No. _____ ; Operator, Lease, and Well No.:

3. The following facts are submitted:

	Upper Zone	Lower Zone
a. Name of reservoir	Upper Perm	Lower Perm
b. Top and Bottom of Pay Section (Perforations)	10,210-10,234; 10,250-10,250	12,077-12,080
c. Type of production (Oil or Gas)	Oil	Gas
d. Method of Production (Flowing or Artificial Lift)	FL	FL

4. The following are attached. (Please mark YES or NO)
- a. Diagrammatic Sketch of the Dual Completion, showing all casing strings, including size and setting, top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.
 - b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease.
 - c. Waivers consenting to such dual completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application. * **Operators being sent copies by registered mail**
 - d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed, it shall be submitted as provided by Rule 112-A.)

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

Texaco Petroleum Corporation	Box 268, Lubbock, Texas
Texaco Petroleum Co.,	Box 4207, Midland, Texas
Phillips Petroleum Company	Box 751, Midland, Texas
Amoco Petroleum Corporation	Box 312, Midland, Texas
E. A. Hansen	Box 638, Roswell, New Mexico

6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES NO . If answer is yes, give date of such notification **2/10/58**

CERTIFICATE: I, the undersigned, state that I am the Production Manager of the Sanitago Oil & Gas Company (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

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Delma Barrera
Signature

* Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed dual completion will result in an unorthodox well location and/or a non-standard perforation unit in either or both of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.