

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 QUADRUPPLICATE 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 psia at 60° Fahrenheit.

12-4-59

(Place)

(Date)

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

Santiago Oil & Gas Co Fielder Trust State

Well No. **8**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

M

Sec. **13**

T. **17 S**

R. **32 E**

NMPM, **Maljamar**

Pool

Unit Letter

Lea

County. Date Spudded **11-8-59**

Date Drilling Completed **11-21-59**

Elevation **4092.3**

Total Depth **4371**

PBTD **4350**

Please indicate location:

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

Top Oil/Gas Pay **4063**

Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL - **(4063-65)(4095-4102)(4107-13)**

Perforations **(4124-27)(4130-33)(4162-65)(4167-70)(4176-81)**

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **47** bbls. oil, **0** bbls water in **24** hrs, _____ min. Size **20/64** Choke

GAS WELL TEST -

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

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

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

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **3500 gal acid; 23,000 gal oil; 60,000# sand**

Casing Press. **1500** Tubing Press. **8000** Date first new oil run to tanks **12-2-59**

Oil Transporter **Texas New Mexico Pipeline**

Gas Transporter **Phillips Petroleum Co**

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	293	250
5-1/2	4361	300
2	4281	

Remarks:

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Santiago Oil & Gas Co.
(Company or Operator)

By: **Phil Coulter**
(Signature)

Title **Secretary-Treasurer**

Send Communications regarding well to:
Name **Santiago Oil & Gas Co.**
Address **P.O. Box 1463, Midland, Texas**