

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

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.

September 10, 1959

(Place)

(Date)

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

Santiago Oil & Gas Company **Fielder Trust**, Well No. **5**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. **13**, T. **17 S**, R. **32 E**, NMPM, **Maljamar Extension** Pool

Lea

County. Date Spudded **3: P.M., 8-22-59** Date Drilling Completed **11:30 A.M. 9-6-59**

Please indicate location:

Elevation **4143'** Total Depth **4435'** PBTD **4410'**

Top Oil/Gas Pay **4117'** Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL - **4117'-22', 4131'-37', 4141'-49', 4166'-70',**

4197'-99', 4293'-4318', 4361'-71'

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

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): **52** bbls. oil, **0** bbls water in **24** hrs, _____ min. Choke Size **20/64**

GAS WELL TEST -

Gravity 35.5 - GOR 393-1

Natural Prod. Test: **none** 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): **5000 gal. acid, 40,000 gal. ref. oil, 120,000# sand**

Casing Tubing Date first new
Press. **P** Press. **6300** oil run to tanks **9-9-59**

Oil Transporter **Texas-New Mexico Pipe Line Co.**

Gas Transporter **none**

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8"	325	250
5 1/2"	4433	300
2"	4318	

Remarks: **Logs will be furnished later**

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: *[Signature]*

Title **Secretary-Treasurer**

Send Communications regarding well to:

Title _____

Name **Santiago Oil & Gas Company**

Address **P. O. Box 1663, Midland, Texas**