

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.

Hobbs, New Mexico
(Place)

March 3, 1959
(Date)

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

Santiago Oil & Gas Company State _____, Well No. 1-30, in _____ NW NE
(Company or Operator) (Lease)

B Sec. 30 T 12 R 34 NMPM, Wildcat Pool
Unit Letter

Lea

County. Date Spudded 9/7/58 Date Drilling Completed 2/3/59

Please indicate location:

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

Elevation 4203' OL Total Depth 13,103' PBD 13,045'

Top Oil/Gas Pay 12,899 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 12,899-12,924 w/2 bullet shots

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

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST - 9500 MCFD w/54 Bbl. Dist. per 1000 MCF

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size 20/64"

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|-----------------|--------|--------|
| 13-3/8 | 288 | 300 sx |
| 9-5/8 | 4318 | 1750 |
| 7" | 13,085 | 750 sx |
| 2" tbg @ 12,910 | | |

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): 10,000 gal 15%

Casing _____ Tubing _____ Date first new _____ Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: Packer set @ 12,875 - Dual completion. This is for gas zone only.

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

Approved _____, 19 _____ NOV 25 1959 Santiago Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: _____
Title Engineer District I

Title Production Manager
Send Communications regarding well to:

Name Santiago Oil & Gas Company

Address Box 1205, Midland, Texas