

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 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 psia at 60° Fahrenheit.

July 24, 1959

(Place)

(Date)

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

Santiago Oil & Gas Company (Company or Operator), Well No. **4**, in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
O (Unit Letter), Sec. **12**, T. **17S**, R. **32E**, NMPM., **Roberts** Pool

Lea

County. Date Spudded **6-28-59** Date Drilling Completed **7-14-59**
Elevation **4236.0** Total Depth **4776** PBTD **4600'**

Please indicate location:

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

Top Oil/Gas Pay **4189'** Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL **4189-90, 4246-52, 4262-70, 4276-82, 4290-94,**
Perforations **4319-23, 4326-30, 4478-88**

Open Hole Depth **4773'** Depth Casing Shoe **4550'**

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): **59** bbls. oil, **0** bbls. water in **21** hrs, _____ min. Choke Size **1/2"**
GOR 331-1

GAS WELL TEST -

Natural Prod. Test: **none** MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	309	250
5 1/2"	4773	300
2"	4550	

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): **2000 gal. acid, 28,000 gal. ref. oil, 108,000# sand**

Casing Press. _____ Tubing Press. **3400** Date first new oil run to tanks **7-22-59**

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

Gas Transporter **Phillips 66**

Remarks: **P. Roberts**

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: **Rich Chandler** (Signature)

Title **Secretary-Treasurer**

Send Communications regarding well to:

Name **Santiago Oil & Gas Company**

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

By: _____

Title _____