

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.

Midland, Texas

February 24, 1960

(Place)

(Date)

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

Santiago Oil & Gas Company

Northrup St.

Well No. 7

, in. SU $\frac{1}{4}$ SU $\frac{1}{4}$,

(Company or Operator)

(Lease)

N

Sec. 12

T. 17 S

R. 32 E

NMPM,

Roberts

Pool

Unit Letter

Lee

County. Date Spudded 2-7-60

Date Drilling Completed 2-18-60

Please indicate location:

Elevation 4154.25

Total Depth 4400

PBTD 4372

Top Oil/Gas Pay 4036

Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

4036'-42', 4077'-79', 4126'-21', 4137'-60',
4165'-00', 4182'-04', 4198'-4301', 4212'-15',
4219'-22', 4297'-4305'

Perforations

Open Hole

Depth

Depth

Casing Shoe

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) 45 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 20/64" Choke

GAS WELL TEST -

GR 1012-1

Gravity 36

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): 4,000 gal. acid, 40,000 gal. refined oil, 90,000 lb. sand

Casing _____ Tubing _____ Date first new _____
Press. 1000 Press. 7000 oil run to tanks 2-22-60

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter Phillips Petroleum Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
6 5/8"	291	230
5 1/2"	4301	300
3"	4314	

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 COMPANY

(Company or Operator)

By: _____

(Signature)

Title Secretary-Treasurer

Send Communications regarding well to:

Name Santiago Oil & Gas Company

Address P. O. Box 1443, Midland, Texas

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Santiago Oil & Gas Company Lease Burlington State

Well No. 7 Unit Letter M S 12 T 178 R 32 E Pool Roberts

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

If well produces oil or condensate, give location of tanks: Unit M S 12 T 178 R 32 E

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co.

Address P. O. Box 1510, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Phillips Petroleum Company

Address Bartlesville, Oklahoma 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:

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

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

Change in Ownership () Other ()

Remarks: _____
(Give explanation below)

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

Executed this the 24th day of February 19 68

By [Signature]
Title Secretary-Treasurer

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

By [Signature]
Title District I

Company Santiago Oil & Gas Company
Address P. O. Box 1663
Midland, Texas

...the ... of ...

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3--55)

MISCELLANEOUS REPORTS ON WELLS

1960 FEB 25 AM 10:22
DISTRICT OFFICE 000

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company Santiago Oil & Gas Company		Address P. O. Box 1663, Midland, Texas				
Lease Burlington State	Well No. 7	Unit Letter M	Section 12	Township 17 S	Range 32 E	
Date Work Performed 2-20-60	Pool Roberts	County Lee				
THIS IS A REPORT OF: (Check appropriate block)						
<input type="checkbox"/> Beginning Drilling Operations	<input checked="" type="checkbox"/> Casing Test and Cement Job		<input type="checkbox"/> Other (Explain):			
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work					

Detailed account of work done, nature and quantity of materials used, and results obtained.

**Finished 7 7/8" hole at 3:00 P.M., 2-19-60.
 Ran 4301' 5 1/2" 140, 355 casing set at 4395'.
 Cemented with 300 cu. 2 1/2 gal, 50-50 pebble cement.
 Top of cement 3107'.
 Plug down 3:00 A.M., 2-20-60.
 Tested 20000 O.K.**

Witnessed by Elmer Dawson	Position Prod. Supt.	Company Santiago Oil & Gas Company
-------------------------------------	--------------------------------	--

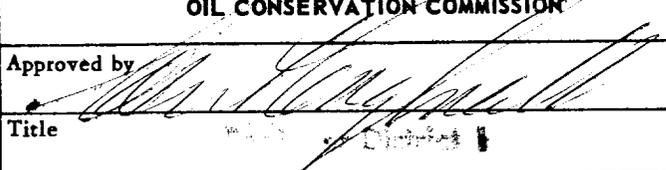
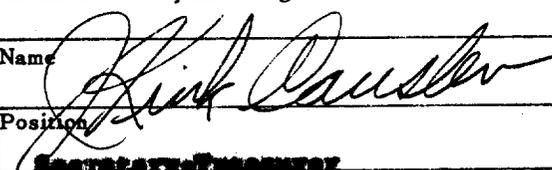
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	TD	PBTD	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval	Producing Formation(s)			

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by 	Name Elmer Dawson		
Title Prod. Supt.	Position Secretary-Treasurer	Company Santiago Oil & Gas Company	
Date FEB 25 1960			

... ..
... ..
... ..
... ..
... ..

... ..
... ..
... ..
... ..
... ..

... ..

... ..