

# 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.

Midland, Texas  
(Place)

March 8, 1960  
(Date)

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

**Santiago Oil & Gas Co.** **Barlington State**, Well No. **8**, in **NW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
**L**, Sec. **12**, T. **17 S**, R. **32 E**, NMPM, **Roberts** Pool

Unit Letter  
**Lee**

County. Date Spudded **2-21-60** Date Drilling Completed **3-3-60**  
Elevation **4198.90'** Total Depth **4363'** PBTD **428x 4342'**

Please indicate location:

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

Top Oil/Gas Pay **4095'** Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL - **4095'-4102', 4191'-93', 4221'-23', 4225'-30',**

Perforations **4237'-39', 4241'-43', 4251'-53', 4261'-63', 4266'-69'**

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 Choke  
load oil used): **49** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **20/64"**

GAS WELL TEST -

**GOR 981-1 Gravity 35.5**

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, 30,000 gal. refined oil, 60,000 lb. sand**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. **1000** Press. **7800** oil run to tanks **3-7-60**

Oil Transporter **Texas-New Mexico Pipeline Company**

Gas Transporter **Phillips Petroleum Company**

Tubing, Casing and Cementing Record

Size	Feet	Size
<b>8 5/8"</b>	<b>296</b>	<b>250</b>
<b>5 1/2"</b>	<b>4345'</b>	<b>300</b>
<b>2"</b>	<b>4293'</b>	

Remarks: \_\_\_\_\_

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: \_\_\_\_\_

Title \_\_\_\_\_

By: **J. Kirk Cansler**  
(Signature)

Title **J. Kirk Cansler, Secretary-Treasurer**  
Send Communications regarding well to:

Name **Santiago Oil & Gas Company**

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