

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.

October 27, 1959

(Place)

(Date)

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

Santiago Oil & Gas Company, Well No. **11**, in **NE** **SE** **1/4** **1/4**,
(Company or Operator) (Lease)

A **Lea** **Sec. 13** **T. 17S.** **R. 32E** **NMPM.** **Maljamar** **Pool**

County. Date Spudded **9-25-59** Date Drilling Completed **10-20-59**

Elevation **4160.4** Total Depth **4455'** PBTD **4432'**

Top Oil/Gas Pay **4180'** Name of Prod. Form. **SP Gray**

PRODUCING INTERVAL - **4180-4203'**, **4211-18'**, **4221-34'**, **4246-48'**,

Perforations **4252-55'**, **4315-21'**, **4335-38'**, **4415-23'**

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): **50** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke Size **18/64"**

GAS WELL TEST - Gravity **35** GOR **357 - 1**

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): **2,700 gal. acid, 41,000 gal. ref. oil, 127,000# sand**

Casing Tubing Date first new Press. **500** Press. **6800** oil run to tanks **10-27-59**

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

Gas Transporter **none**

Remarks: _____

Logs to be furnished later

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

Approved _____, 1959

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**