

**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.

**Hobbs, New Mexico October 14, 1958**

(Place)

(Date)

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

**Santiago Oil & Gas Company** **Phillips State**, Well No. **5**, in **SE**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**N**, Sec. **7**, T. **17**, R. **33**, NMPM., **Roberts** Pool  
Unit Letter

**Lee**

County. Date Spudded **9/21/58**

Date Drilling Completed **10/5/58**

Elevation **4225 GL**

Total Depth **4490**

PBTD **4458**

Please indicate location:

Top Oil/Gas Pay **4184**

Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **4184-94; 4243-47; 4262-82; 4276-89; 4286-92; 4310-26 w/4 per ft. jet**

Open Hole

Depth

Casing Shoe **4490**

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 load oil used): **175** bbls. oil, **0** bbls. water in **24** hrs, \_\_\_\_\_ min. Size **18/64"** Choke

GAS WELL TEST -

**GOR 589:1**

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Tubing, Casing and Cementing Record

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Size Feet Sx

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 & 20,000 gal. frnd. oil + 1/8" inj. rate**

Casing Tubing **500#** Date first new **10/13/58** **14 bbls.**  
Press. oil run to tanks **10/13/58** per min.

Oil Transporter **Texas New Mexico Pipe Line Company**

Gas Transporter **None**

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: \_\_\_\_\_  
(Signature)

Title **Agent**

Send Communications regarding well to:

Name **Santiago Oil & Gas Company Box 1205**

Address **Midland, Texas**

By: \_\_\_\_\_  
Title \_\_\_\_\_