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 allow able 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. 11/24/58 Hobbs, New Mexico (Place) (Date) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: (Company or Operator) (Lease) Unit Lottes Lea County, Date Spudded 11/2/58 Date Drilling Completed 11/16/58 Elevation 4217.3 Total Depth 4495 PBTD LL67 -Please indicate location: __Name of Prod. Form.____Nauv Top Oil/Gas Pay 4192 D C B A PRODUCING INTERVAL - 4293-4296; 4303-4306; 4314-4324; 4192-4196; 4239-4241; 4264-4286; 4404-4424 - \$/2 shots per ft. Perforations F E G Ħ Depth ____Casing Shoe___ Open Hole 1195 Tubing OIL WELL TEST -L K J I Choke Natural Prod. Test: _____bbls.oil, _____bbls water in ____hrs, ___min. Size X Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of M N Ō Ρ load oil used): 220 bbls.oil, 0 bbls water in 21 hrs, min. Size 1 GAS WELL TEST -_____MCF/Day; Hours flowed _____Choke Size____ Natural Prod. Test:____ Tubing ,Casing and Cementing Record Method of Testing (pitot, back pressure, etc.):_____ Feet Size Sax Test After Acid or Fracture Treatment: MCF/Day; Hours flowed Choke Size Method of Testing: 8-5/8 319 250 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and 5-1/2" 4495 250 1650 gal A 26.000 gal oil & 1-3/4# SPG Max Proce. 7000/ sand): Tubing Date first new Casing Min Press. 3800 Press. Oil Transporter Tex New Mexico Pipe Line Cor 2# 4361 4371 Gas Transporter______ 36° Gravity GOR 501:1 Remarks: I hereby certify that the information given above is true and complete to the best of my knowledge. Santiago Oil & Gas Company

OIL CONSERVATION COMMISSION By: 10000 Title

(Company or Operator) Joucur By:b

(Signature)

Name Santia	go	011.4.Ga	s- Co	
-------------	----	----------	-------	--

Address. Box 1205, Midland, Texas