

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY  
MAY 23 1984  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.C.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator  
**SANTA RITA EXPLORATION CORPORATION**

Address  
**P. O. Box 798 Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner

**DESCRIPTION OF WELL AND LEASE**

Lease Name: **Mary Ella 11** Well No.: **#1** Pool Name, including Formation: **Chaveroo San Andres** Kind of Lease: **Fee** Lease:

Location: Unit Letter **D**; **330** Feet From The **North** Line and **990** Feet From The **West**

Line of Section **11** Township **8s** Range **33e**, NMPM, Lea Cou:

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
**KOCH OIL COMPANY** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 1558, Breckenridge, Texas 76024**

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When.

If this production is commingled with that from any other lease or pool, give commingling order number:

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
<input checked="" type="checkbox"/>								

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top c. able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (lbwt-1in)	Casing Pressure (lbwt-1in)	Choke Size

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*[Signature]*  
Production Clerk  
May 10, 1984  
(Date)

**OIL CONSERVATION DIVISION**  
**MAY 28 1984**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Form 1104 must be filed for each pool in multi

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