|                                                                                                                                                                                                                                                           | fa. hairete Type of Leave                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| · L CFFICE                                                                                                                                                                                                                                                | Stote Oll & Gan Leane No.                         |
| FERRATOR RECEIVED                                                                                                                                                                                                                                         | mmmmm                                             |
| SUNDRY NOTICES AND REPORTS ON WELLS . RECEIVED  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPLH ON PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)                                        |                                                   |
| AUG 24 1981                                                                                                                                                                                                                                               | 7, Unit Agreement Name  8, Farm or Lease Name     |
| Name of Operator O. C. D.                                                                                                                                                                                                                                 | Moonshine 7                                       |
| Santa Rita Exploration Corporation ARTESIA, OFFICE                                                                                                                                                                                                        | 9. Well No.                                       |
| P.O. Box 798, Artesia, New Mexico 88210                                                                                                                                                                                                                   | #2 10 Field and Pool, or Wildcat Und. Twin Lakes- |
| UNIT LETTER G 2310 FEET FROM THE East LINE AND 1650 FEET FROM                                                                                                                                                                                             | San Andres Assoc.                                 |
| North 7 TOWNSHIP 9 S RANGE 29 E NMPM.                                                                                                                                                                                                                     |                                                   |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3927 GL                                                                                                                                                                                                     | 12. County Chaves                                 |
| Check Appropriate Box To Indicate Nature of Notice, Report or Otl                                                                                                                                                                                         | ner Data<br>REPORT OF:                            |
| REPORM REMEDIAL WORK                                                                                                                                                                                                                                      | ALTERING CASING PLUG AND ABANDONMENT              |
| CHANCE PLANS CASING TEST AND CEMENT JOB OTHER Change in OW                                                                                                                                                                                                | mership.                                          |
| OTHER                                                                                                                                                                                                                                                     |                                                   |
| Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.                                                                                                                  | estimated date of starting any propose            |
| Effective August 1, 1981, Santa Rita Exploration Corpobecame operator on the above captioned well. The prevoperator was Selco, Inc., P.O. Box 798, Artesia, New M88210. This well was spudded on August 19, 1981 and icurrently drilling a depth of 306'. | exico                                             |
|                                                                                                                                                                                                                                                           |                                                   |
|                                                                                                                                                                                                                                                           |                                                   |
|                                                                                                                                                                                                                                                           |                                                   |
|                                                                                                                                                                                                                                                           |                                                   |
|                                                                                                                                                                                                                                                           |                                                   |
|                                                                                                                                                                                                                                                           | •                                                 |
|                                                                                                                                                                                                                                                           |                                                   |
|                                                                                                                                                                                                                                                           |                                                   |
| I hereby certify that the information shove is true and complete to the best of my knowledge and belief.                                                                                                                                                  |                                                   |
| Donald Cray Vice-President                                                                                                                                                                                                                                | DATE 8/20/81                                      |
| 11) a. Gressell HUPERVISOR DISTRICT II                                                                                                                                                                                                                    | SEP 2 198                                         |
| INDITIONS OF APPROVAL, IF ANY                                                                                                                                                                                                                             |                                                   |