

SANTA FE, NEW MEXICO

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION 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 <input checked="" type="checkbox"/>	CASE NO. 8-1-82
Recompletion <input type="checkbox"/>	EXEMPTION TO Rule 306
Change in Ownership <input type="checkbox"/>	IS OUTSTANDING

If change of ownership give name  
and address of previous owner

## 1. DESCRIPTION OF WELL AND LEASE

Lease Name Moonshine 18	Well No. #1	Pool Name, Including Formation Twin Lakes-SA Assoc.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter C 330 Feet From The North Line and 1650 Feet From The West				
Line of Section 18 Township 9S Range 29E, NMPM, Chaves County				

## 2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175 Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 K	Sec. 18
	Twp. 9S	Rge. 29E
	Is gas actually connected? No	

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 3-18-82	Date Compl. Ready to Prod. 5-26-82	Total Depth 2780'		P.B.T.D. N/A					
Elevations (DF, RKB, RT, GR, etc.) 3962' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 26-30 2731		Tubing Depth 2685'				
Perforations 2731 1/2, 2732, 2733, 2742, 2743, 2745, 2746, & 2747'				Depth Casing Shoe 2781					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		168		150 sxs. Class C				
7 7/8	4 1/2		2780		500 sxs. HL & 400				
					sxs. 50/50 poz. mix				

## 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-26-82	Date of Test 5-26-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 120 #	Casing Pressure 120 #	Choke Size 3/8
Actual Prod. During Test 220 bbls.	Oil-Bbls. 220	Water-Bbls. -0-	Gas-MCF 10

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

## 3. 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.

Sue Kelley  
(Signature)

Agent

June 2, 1982  
(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I and VI for changes of ownership and change of conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.