

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

OIL CONSERVATION DIVISION	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.U.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
OCT 28 1983
O. C. D.
ARTESIA, OFFICE

1. Operator
Santa Rita Exploration Corp. ✓

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

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain) **DO NOT BE**
FLAGGED AFTER 1-2-84
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
Ex # 2-667

If change of ownership give name and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Ohio State	Well No. #1	Pool Name, Including Formation Artesia Q GR SA	Kind of Lease State, Federal or Fee STATE	Lease E-926
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>18S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> Co				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company of Texas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Hobbs, N.M. 88240
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 Sec. Twp. Rge. Is gas actually connected? When
	L 16 18S 28E no

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'tv.	Diff.
Date Spudded 10-1-83	Date Compl. Ready to Prod. 10-20-83	Total Depth 2877'	P.B.T.D. 2857'					
Elevations (DF, RKB, RT, GR, etc.) 3615	Name of Producing Formation San Andres	Top Oil/Gas Pay 2330' 2163	Tubing Depth 2360'					
Perforations 2163, 64, 65, 66, 69, 2208, 09, 10, 11, 12, 2223, 24, 25, 27, 39, 40, 43, 44, 78, 79, 80, 2328, 29, 2330'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8", 23#	382'	350 SXS
7 7/8	5 1/2", 17#	2874'	610 SXS
	2 7/8	2360	

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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-22-83	Date of Test 10-27-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size 1 1/2" BK
Actual Prod. During Test 110	Oil-Bbls. 30	Water-Bbls. 80	Gas-MCF n/a

GAS WELL

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

4. 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.

Vickie Lee
(Signature)
Production Clerk
(Title)
Oct. 28, 1983
(Date)

OIL CONSERVATION DIVISION

OCT 31 1983

APPROVED _____, 19____
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE _____

This form is to be filled 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 dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able 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 con
Separate Forms C-104 must be filled for each pool in un recompleted wells.