

SAINTA FE		
FILE		
U.S.C.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 a
Effective 1-1-83

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

I. 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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 1-29-84
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
EX # 2471 dated 4-30-84

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Superior State	Well No. #1	Pool Name, including Formation Artesia O GR SA	Kind of Lease State, Federal or Fee State	Lease K-102
Location Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line of Section 24 Township 18S Range 27E, NMPM, Eddy Co.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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 Breckenridge, Texas 76024					
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 D	Sec. 24	Twp. 18S	Pge. 27E	Is gas actually connected? no	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff.
Date Spudded 10-18-83	Date Compl. Ready to Prod. 11-2-83		Total Depth 2327'		P.B.T.D. 2280'			
Elevations (DF, RKB, RT, CR, etc.) 3576.0	Name of Producing Formation Grayburg		Top Oil/Gas Pay 1934'		Tubing Depth 2106'			
Perforations 1934'-36,66,69,75-79,93-95,2008,09,36,37,41,42,85,86'				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8", 24#		357'		225 SXS			
7 7/8"	5 1/2", 15.5#		2316'		575 SXS			
	2 3/8"		2106'					

V. 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 to able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-11-83	Date of Test 11-18-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size 12-2-83
Actual Prod. During Test 89	Oil - Bbls. 23	Water - Bbls. 66	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

VI. CERTIFICATE OF COMPLIANCE

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

Vickie Jue
(Signature)

Production Clerk
(Title)

November 28, 1983
(Date)

OIL CONSERVATION COMMISSION

NOV 29 1983

APPROVED _____, 19 ____
BY _____
Original Signed By
Leslie A. Clements
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 de well, this form must be accompanied by a tabulation of the de 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 co
Separate Forms C-104 must be filed for each pool in r recompleted wells.