



TO BE COMPLETED BY OPERATOR	
DISTRIBUTION	
MTA FE	
LE	
U.S.	
LAND OFFICE	
TRANSPORTER	
FORMATION	
FORMATION OFFICE	
EDITOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Santa Rita Exploration Corp.
P.O. Box 798 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)	Designate	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Completion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Superior State	#1	Artesia Q-GR-SA	State, Federal or Fee State	K-1020
Location				
Unit Letter	D	990 Feet From The North Line and 990 Feet From The West		
Line of Section	24	T. Township 18S	Range 27E	NMPM, Eddy County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Koch Oil Company of Texas	P.O. Box 1558, Bredkenridge, Texas 76024	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	#4 Home Savings & Loan, Bartlesville, OK 74004	
Well produces oil or liquids, or location of tanks.	Unit	Sec.
	D	24
		18S
		28E
Is gas actually connected?	When	
Yes	1/10/84	

his 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'tv.	Diff. Res'tv.
Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Locations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
L 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)

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

IS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	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 is true and complete to the best of my knowledge and belief.

Wickie Juel
(Signature)
Production Clerk
(Title)
Feb. 22, 1984

OIL CONSERVATION DIVISION
APPROVED FEB 27 1984
BY Original Signed By
Leslie A. Clements
Supervisor District II
TITLE

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, II, III, and VI for changes of owner, transporter or other such change of condition.