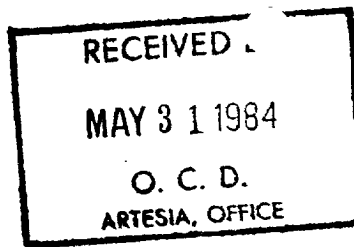


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Santa Rita Exploration Corp. ✓

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-1-84 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED  
Ex # 2-624 Until Further Notice

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amin State	Well No. #1	Pool Name, including Formation Artesia Queen G-SA	Kind of Lease State, Federal or Fee State	Lease No. E-7179
Location Unit Letter A : 990 Feet From The North Line and 990 Feet From The East Line of Section 8 Township 18s Range 28e, NMPM, Eddy County				

III. 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	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 A	Sec. 8	Twp. 18s	Rge. 28e
Is gas actually connected?	no			
When	Post ID-2 6-8-84 BKH			

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 Jue*  
(Signature)

Production Clerk  
(Title)

May 30, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 31 1984, 19  
BY Original Signed By  
Leslie A. Clements  
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, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		XX		XX					
Date Spudded 4-20-84	Date Compl. Ready to Prod. 5-8-84	Total Depth 2521'				P.B.T.D. 2450'			
Elevations (DF, RKB, RT, GR, etc.) 3641 GR	Name of Producing Formation Premier	Top Oil/Gas Pay 2120'				Tubing Depth 2343'			
Perforations 2120, 21, 81, 82, 2219, 20, 45, 46, 47, 48, 2273, 74, 75, 89, 90, 91, 92, 99, 2300.01'						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2"	8 5/8", 23#		360'		300 sxs				
7 7/8"	5 1/2", 15.5#		2476'		700 sxs				
	2 3/8"		2343'						

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5/8/84	Date of Test 5/28/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 72	Oil - Bbls. 17	Water - Bbls. 55	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