

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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O. C. D.
ARTESIA, OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATION		1	
PROBATION OFFICE			

Operator
Santa Rita Exploration Corporation ✓

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

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion

Change in Ownership ☐

Change in Transporter of:

011

Casinghead Gas

Dry Gas

Condensate

Other (Please explain) CASINGHEAD GAS MUST NOT BE
FLARED AFTER 1-13-82
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
EX # 2-576 until 3-11-82

If change of ownership give name
and address of previous owner: _____

DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name Moonshine "7"	Well No. 2	Pool Name, including Formation Twin Lakes-SA Association	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter <u>G</u> : <u>2310'</u> Feet From The <u>East</u> Line and <u>1650'</u> Feet From The <u>North</u>				
Line of Section <u>7</u> Township <u>9S</u> Range <u>29E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					P.O. Box 175, Artesia, New Mexico 88210	
Navajo Crude Oil Purchasing Company						
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)	
Under Negotiation						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	7	9	29	NO	

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

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 8/19/81		Date Compl. Ready to Prod. 11/10/81		Total Depth 2840'			P.B.T.D. 2811'		
Elevations (DF, RKB, RT, GR, etc.) 3927 GL		Name of Producing Formation San Andres		Top Oil/Gas Pay 2688'			Tubing Depth 2717'		
Perforations 2688', 2688.5', 2691', 2692', 2693', 2705', 2705.5', 2706'.							Depth Casing Shoe 2821'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8		306'		180 sx Class C, 2%				
					CaCl ₂ - cir. 15 sxs.				
7 7/8"	4 1/2		2821'		1100 sx Class C, 50/50				
	2 3/8		2717'		poz. 2% gel. 8# salt/sx.				

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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks 11/13/81	Date of Test 11/14/81	Pumping	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure 25	Choke Size N.A.
Actual Prod. During Test 58	Oil-Bbls. 41	Water-Bbls. 17	Gas-MCF 40

*Posted ID
Camp. Book*

GAS WELL

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

1. 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.

Donald Cray
(Signature)

Vice-President of Operations

(Title)

11-17-81

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 20 1981, 19

BY W. A. Hasset

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 own well name or number, or transporter, or other such change of conduct.