

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

Form G-101  
Revised 10-1-73

RECEIVED

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O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
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U.S.G.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator Santa Rita Exploration Corporation ✓	
Address P.O. Box 798, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Moonshine 7, Battery#2	Well No. 2	Pool Name, Including Formation Twin Lakes-SA Assoc.	Kind of Lease State, Federal or Fee	Fee	Lease No.
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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	P.O. Box 175, Artesia, New Mexico 88210					
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 K	Sec. 7	Twp. 9	Rge. 29	Is gas actually connected? NO	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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					

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 <sub>2</sub> cir. 15 sx.
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 (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 11/13/81	Date of Test 11/14/81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure 25	Choke Size N/A
Actual Prod. During Test 58	Oil-Bbls. 41	Water-Bbls. 17	Gas-MCF 40

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

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

President

(Title)

12-10-81

OIL CONSERVATION DIVISION

APPROVED DEC 11 1981, 19

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

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 deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name, number, or transporter, or other such change of conditions.  
Generate Form G-101 must be filed in compliance with