

SA. A FE, NEW MEXICO 87501

APPLICATION FOR WELLHEAD
PRICE CEILING CATEGORY DETERMINATION

RECEIVED

FOR DIVISION USE ONLY:

DATE COMPLETE APPLICATION FILED _____

DATE DETERMINATION MADE _____

WAS APPLICATION CONTESTED? YES _____ NO _____

NAME(S) OF INTERVENOR(S), IF ANY: _____

AUG 4 1982

O. C. D.
ARTESIA, OFFICE

5A. Indicate Type of Lease

STATE ☐

FEED ☒

5. State Oil & Gas Lease No. _____

7. Unit Agreement Name _____

8. Farm or Lease Name

Moonshine 7,
Battery #2

9. Well No.

2

10. Field and Pool, or Wildcat

Und. Twin Lakes -
San Andres Assoc.

12. County

Chaves

2. Name of Operator

Santa Rita Exploration

3. Address of Operator

P. O. Box 798, Artesia, NM 88210

4. Location of Well

UNIT LATERAL 6

LOCATED 2310

FEET FROM THE East

LINE

1650 FEET FROM THE

North

LINE OF SEC. 7

TWP. 9S

RGE. 29E

SECOR. 4

11. Name and Address of Purchaser(s)

Mapco Production Company, 1800 South Baltimore Avenue, Tulsa, OK 74119

WELL CATEGORY INFORMATION

Check appropriate box for category sought and information submitted.

1. Category(ies) Sought (By NGA, Section No.) 102 and 103

2. All Applications must contain:

☒ a. C-101 APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

☒ b. C-100 WELL COMPLETION OR RECOMPLETION REPORT

☐ c. DIRECTIONAL DRILLING SURVEY, IF REQUIRED UNDER RULE 111

☒ d. AFFIDAVITS OF MAILING OR DELIVERY

3. In addition to the above, all applications must contain the items required by the applicable rule of the Division's "Special Rules for Applications for Wellhead Price Ceiling Category Determinations" as follows:

A. NEW NATURAL GAS UNDER SEC. 102(c)(1)(B) (using 2.5 Mile or 1000 Feet Deeper Test)

☐ All items required by Rule 14(1) and/or Rule 14(2)

D. NEW NATURAL GAS UNDER SEC. 102(c)(1)(C) (new onshore reservoir)

☒ All items required by Rule 15

C. NEW ONSHORE PRODUCTION WELL

☒ All items required by Rule 16A or Rule 16B

D. DEEP, HIGH-COST NATURAL GAS, TIGHT FORMATION NATURAL GAS, AND PRODUCTION ENHANCEMENT NATURAL GAS

☐ All items required by Rule 17(1), Rule 17(2) or Rule 17(3), or Rule 17(4)

E. STRIPPER WELL NATURAL GAS

☐ All items required by Rule 18

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED
HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

Santa Rita Exploration Corporation

NAME OF APPLICANT (Type or Print)

SIGNATURE OF APPLICANT

Title Agent

June 30, 1982

FOR DIVISION USE ONLY

☐ Approved

☐ Disapproved

The information contained herein includes all
of the information required to be filed by the
applicant under Subpart B of Part 274 of the
FERC regulations.

APR 29 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator
Santa Rita Exploration Corporation ✓

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

Reason(s) for filing (Check proper box) Designate Other (Please explain)

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Moonshine 7, Battery #2	2	Twin Lakes, San Andres Assoc.	State, Federal or Fee Fee	
Location				
Unit Letter	G	2310 Feet From The East	Line and 1650	Feet From The North
Line of Section	7	T. 9S	Range 29E	NMPM, Chaves County

DESIGNATION 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)	
Navajo Crude Oil Purchasing Co.	P. O. Drawer 175, Artesia, New Mexico 88210	
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)	
Mapco	1800 S. Baltimore, Tulsa, OK 74119	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 7
	Twp. 9	Rge. 29
	Is gas actually connected? Yes	
	When 4-29-82	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Date 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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

Annette M. Khan
(Signature)
Agent
(Title)
4-29-82
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY - 6 1982
BY W. A. Gressitt
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.