

Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501

RECEIVED BY  
MAY 23 1984  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF OILFIELD OPERATIONS  
DISTRIBUTION  
SANTA FE  
FILE  
U.S.O.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATION  
PRODUCTION OFFICE  
Operator

SANTA RITA EXPLORATION CORPORATION  
Address  
P. O. Box 798  
Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name  
Moonshine 7-#2 Batt.  
Well No.  
#2  
Pool Name, including Formation  
Twin Lakes San Andres Assoc  
Kind of Lease  
State, Federal or Fee  
Fee  
Lease N

Location  
Unit Letter  
G  
2310 Feet From The  
East Line and  
1650 Feet From The  
North  
Line of Section  
7  
Township  
9S  
Range  
29e  
NMPM,  
Chaves  
County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
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 ☒ or Dry Gas ☐  
Liquid Energy, Corp.  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 4000, The Woodlands, Tx. 77380  
Is gas actually connected? ☒ When  
4-27-84  
If well produces oil or liquids, give location of tanks.  
Unit  
7  
Sec.  
9  
Twp.  
29  
Rge.

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 ☐ Some Rea'v. ☐ Diff. Re ☐  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
P.B.T.D.  
Elevations (DF, RKB, RT, CR, 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 c. able 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/MMCF  
Gravity of Condensate  
Testing Method (pilot, back pr.)  
Tubing Pressure (Ebat-in)  
Casing Pressure (Ebat-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.  
Dixie Judd  
(Signature)  
Production Clerk  
(Title)  
May 10, 1984  
(Date)

OIL CONSERVATION DIVISION  
MAY 24 1984  
APPROVED  
BY  
ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC  
TITLE  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt. tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.  
Separate Form C-104 must be filled for each pool in and out of production.