

## OIL CONSERVATION DIVISION

P. O. BOX 20118

SANTA FE, NEW MEXICO 87501

RECEIVED BY

MAY 23 1984

O. C. D.

ARTESIA, OFFICE

NO. OF DEEDS REQUIRED	
INTERESTED PARTIES	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SANTA RITA EXPLORATION CORPORATION

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

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
Moonshine 7-#2 Battery	#3	Twin Lakes-SA Assoc.	State, Federal or Fee	Fee
Location				
Unit Letter	K	: 2310 Feet From The	South	Line and 1650 Feet From The
Line of Section	7	T. mship	9s	Range 29e, NMPM, Chaves

## 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)
KOCH OIL COMPANY	P. O. Box 1558, Breckenridge, Texas 76024
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)
Liquid Energy, Corp.	P.O. Box 4000, The Woodlands, Texas 77380
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit: K, Sec: 7, Twp: 9, Rge: 29	

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'v.	Diff. R
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 of  
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 (Shot-in)	Casing Pressure (Shot-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.Vivian [Signature]  
(Signature)Production Clerk  
(Title)May 10, 1984  
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 24 1984, 19

BY ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOCBTITLE  
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 devi  
tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a  
able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of o  
well name or number, or transporter, or other such change of cond  
Separate Form C-104 must be filed for each pool in mu