

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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DEC 15 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA OFFICE

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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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>2-1-82</u> UNLESS AN EXCEPTION TO <u>Rule 306</u> IS OBTAINED <u>NFO - 2-576 upon 2-11-82</u>	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner _____			

Lease Name Moonshine7, Battery #2		Well No. 4	Pool Name, Including Formation Twin Lakes-SA Assoc.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>E</u> : <u>1650'</u> Feet From The <u>North</u> Line and <u>330'</u> Feet From The <u>West</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				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"/> Navajo Crude Oil Purchasing, Company				P.O. Drawer 175, Artesia, NM 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? 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>
Date Spudded 9-2-81	Date Compl. Ready to Prod. 11-18-81	Total Depth 2780'	P.B.T.D. 2745'		
Elevations (DF, RKB, RT, CR, etc.) 3913 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 2627	Tubing Depth 2770'		
Perforations 2627½, 2628, 2629, 2832, 2633, 2634, 2642, 2642½, 2643			Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8 4 1/2	DEPTH SET 331 2770	SACKS CEMENT 150 SXS. 900 SXS.		

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 11-18-81	Date of Test 11-19-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 160	Casing Pressure N.A.	Choke Size 1/4"
Actual Prod. During Test 120	Oil-Bbls. 120	Water-Bbls. -0-	Gas-MCF 60

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.	
<u>Donald Cray</u> (Signature) President 12-11-81 (Date)	

OIL CONSERVATION DIVISION	
APPROVED <u>DEC 21 1981</u>	
BY <u>W. A. Gressett</u>	
TITLE <u>SUPERVISOR, DISTRICT II</u>	
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 Form C-104 must be filed for each pool in multi-	