

RECEIVED

NOV 13 1981

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
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)		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 1-12-82 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED Ex # 2-576 until 3-11-82	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moonshine "7"	Well No. 5	Pool Name, Including Formation Twin Lakes-SA Association	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B : 330' Feet From The North Line and 2310' Feet From The East 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 <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/3/81	Date Compl. Ready to Prod. 10/26/81		Total Depth 2840'		P.B.T.D. 2810'			
Elevations (DF, RKB, RT, GR, etc.) 3924 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2699'		Tubing Depth 2699' + Comp. 11-23-81			
Perforations 2699', 2700', 2701', 2702', 2703', 2704', 2706½', 2707', 2707½', 2711½', 1712', 2715', 2716', 2717'.					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 1/2	CASING & TUBING SIZE 8 5/8 4 1/2	DEPTH SET 328 2840	SACKS CEMENT 150 sx Class C, 2% CaCl ₂ 500 sx Halliburton light 10# salt/sx, 400 sx 50/5 poz, 2% gel, 8# salt/sx.
---------------------	--	--------------------------	--

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 11/17/81	Date of Test 11/17/81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure N.A.	Casing Pressure N.A.	Choke Size N.A.
Actual Prod. During Test 138	Oil-Bbls. 73	Water-Bbls. 5	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.

Donald Cray
(Signature)
President
(Title)
11/18/81
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 23 1981
BY W. A. Gressett
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