

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 29 1981

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	1
PRODUCTION OFFICE	

Operator  
Santa Rita Exploration CorporationAddress  
P.O. Box 798, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐Dry Gas ☐  
Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 12-22-81UNLESS AN EXCEPTION TO Rule 306  
IS OBTAINED

Ex # 2-576 until 3-11-82

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Moonshine "7"	Well No. 6	Pool Name, Including Formation Twin Lakes-SA Association	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>A</u> : <u>330'</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>East</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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	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 <u>K</u>	Sec. <u>7</u>
	Twp. <u>9</u>	Rge. <u>29</u>
Is gas actually connected? <input type="checkbox"/> 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"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-5-81	Date Compl. Ready to Prod. 10-22-81		Total Depth 2840'		P.B.T.D. 2840'			
Elevations (DF, RKB, RT, GR, etc.) 3910 GL	Name of Producing Formation		Top Oil/Gas Pay 2703		Tubing Depth 2727			
Perforations 2704, 2704½, 2710, 2711, 2712, 2718½, 2719, 2721½, 2722, 2722½, 2726, 2726½, 2727.					Depth Casing Shoe N/A			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12½	8 5/8	330	150 sxs Class C CaCl <sub>2</sub>
	4 1/2	2840	800 sxs Class C, 8# sal per sx, 2% gel.

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 10-22-81	Date of Test 10-27-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 25#	Choke Size N/A
Actual Prod. During Test 96	Oil-Bbls. 96	Water-Bbls. 0	Gas-MCF 48

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pirat, 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)10-28-81  
(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 2 1981BY W.A. GussertTITLE SUPERVISOR DISTRICT 7

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 deviate  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filed for each pool in multi-  
completed wells.