

DEC 10 1981  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
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)

New Well	<input checked="" type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change In Transporter of:

Oil	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>

Dry Gas ☐  
Condensate ☐

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 No.
Moonshine 7, Battery #2	6	Twin Lakes-SA Assoc	State, Federal or Fee Fee	
Location				
Unit Letter	A	330' Feet From The North	Line and 990'	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"/>	Address (Give address to which approved copy of this form is to be sent)		
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 Sec. Twp. Rge.	Is gas actually connected?	When
	K 7 9 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. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-5-81	10-22-81	2840	2840					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3910 GL		2703	2727					
Perforations	Depth Casing Shoe							
2704, 2704½, 2710, 2711, 2712, 2718½, 2719, 2721½, 2722, 2722½, 2726, 2726½, 2727.								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12½	8 5/8	330	150 sx Class C CaCl <sub>2</sub>
	4 1/2	2840	800 sx Class C, 8# salt 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-22-81	10-27-81	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	-0-	25#	N.A.
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
96	96	0	48

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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  
12-10-81  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 11 1981, 19  
BY Mike Williams  
TITLE OIL AND GAS INSPECTOR

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 conditions.  
Separate Form C-104 must be filed for each pool in each recompleted well.