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SANTA RITA EXPLORATION CORPORATION

Address

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	<input type="checkbox"/>
Casinghead Gas	<input checked="" 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 State, Federal or Fee	Lease No.
Moonshine 7, Battery #2	6	Twin Lakes, SA Assoc.	Fee	
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					Address (Give address to which approved copy of this form is to be sent)	
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)	
Navajo Crude Oil Purchasing Co.					P.O. Drawer 175 Artesia, N.M. 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)	
Mapco					1800 S. Baltimore, Tulsa, OK 74119	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	7	9	29	Yes	4-29-82

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

[illegible]

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)

OIL WELL		Date for this depth or for your full depth	
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

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.

Annette Mahan
(Signature)

(Signature)

Agent

4-29-82

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY - 6 1982, 19

BY W. A. D. [Signature]
TITLE SUPERVISOR, DISTRICT II

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 multiply completed wells.