

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED BY

MAY 23 1984

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
INSTRUCTIONS	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATION	
PRODUCTION OFFICE	

Operator  
SANTA RITA EXPLORATION CORPORATION  
Address  
P. O. Box 798 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
New Well <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Coalinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Moonshine 7-#2 Battery	Well No. #6	Pool Name, including Formation Twin Lakes-SA Assoc.	Kind of Lease 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 Co				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024	
Name of Authorized Transporter of Coalinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Liquid Energy, Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4000, The Woodlands, Texas 77380	
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. K 7 9 29	Is gas actually connected? Yes	When? 4-29-84

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	Some Res'v.	Diff. R
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 of hole 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil- Bbls.	Water- Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test- MCF/D	Length of Test	Bbls. Condensate/NMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (lbwt-in)	Casing Pressure (lbwt-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.

Production Clerk  
May 10, 1984

OIL CONSERVATION DIVISION  
MAY 24 1984

APPROVED  
BY ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOCB  
TITLE  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt. tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of or well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filled for each pool in and