

OIL CONSERVATION DIVIS. N

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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MAR 29 1982

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER	OIL /
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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"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER UNLESS AN EXCEPTION TO IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name				State, Federal or Fee	Fee
Moonshine 7-Battery 2	7	Twin Lakes-SA Assoc.			
Location					
Unit Letter	L	330	Feet From The West	Line and 2310	Feet From The South
Line of Section 7 Township 9S Range 29E, NMPM, Chaves 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 type="checkbox"/> or Condensate <input type="checkbox"/>		P.O. Drawer 175, Artesia, NM 88210	
Navajo Crude Oil Purchasing Company		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		1800 A. Baltimore Ave., Tulsa OK 74119	
Mapco		Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	Unit L Sec. 7 Twp. 9S Rge. 29E	NO	

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Designate Type of Completion - (X)		X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
1-20-82	3-8-82	2700'		2700'					
Elevations (DF, HKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3917 GL	San Andres	2599		2538					
Perforations 2599, 2600, 2620, 2621, 2626 2627, 2628, 2629, 2638,		Depth Casing Shoe		N/A					
2629, 2629½. 1 shot per interval									

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	166'	150 sx Class C
7 7/8"	4 1/2"	2700'	500 sx Halliburton
			Light, 400 sx 50/50
			poz mix.

TEST DATA AND REQUEST FOR ALLOWABLE		(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 <i>average factor .975</i>		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil R'd To Tanks	Date of Test	Flowing	
3-2-82	3-3-82		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	85#	85#	3/8"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
360	360	-0-	48

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
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)Agent
(Title)3-23-82
(Date)OIL CONSERVATION DIVISION
MAR 30 1982

APPROVED _____

BY _____

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 completed wells.