NEW MEXICO OIL CONSERVATION COMMISSION

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

APR 13 1982

O. C. D.

ARTESIA, OFFICE

USGS		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

Operator: Santa Rita Exploration Corporation

Address: P. O. Box 798, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

CASINGHEAD GAS MUST NOT BE FLARED AFTER 4-1-82 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Moonshine 7 Battery 2	#9	Twin Lakes - SA Assoc.	State, Federal or Fee Fee	

Location: Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The East

Line of Section 7 Township 9S Range 29E , NMPM, Chaves County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Navajo Crude Oil Purchasing Company

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 [ ] or Dry Gas [ ]: Mapco

Address (Give address to which approved copy of this form is to be sent): 1800 S. Baltimore Ave., Tulsa OK 74119

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	7	9 S	29E	NO	

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

III. 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					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-21-82	3-17-82	2775'	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3921' GL	San Andres	2683.5'	2633'

Perforations	Depth Casing Shoe
2683.5' - 2713'	N/A

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8 5/8"	167'	125 Sxs Class "C"
7 7/8"	4 1/2"	2775'	400 Sxs 50/50 poz
			500 Sxs Halliburton Light

IV. 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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/17/82	3/18/82	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	N/A	N/A	3/8

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
76	73	3	9

Posted ID-2 & Comp. Back NCO / Mapco 4-16-82

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jeanette Mahan
(Signature)

Agent
(Title)

4/12/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 14 1982, 19

BY W. A. Gressett

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 ownership, 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.