

RECEIVED

APR 19 1982

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

FILE	1	7
CLASS.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATION		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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6-1-82UNLESS AN EXCEPTION TO Rule 30.6
IS OBTAINED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Moonshine 7 Btry. 2	Well No. 10	Pool Name, Including Formation Twin Lakes - SA Assoc.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter D ; 990 Feet From The North Line and 990 Feet From The East West 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) 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)	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 7
	Twp. 9	Rge. 29
Is gas actually connected? When		

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-10-82	Date Compl. Ready to Prod. 4-1-82		Total Depth 2780'		P.B.T.D. N/A			
Elevations (DF, RKB, RT, CR, etc.) 3918' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2604'		Tubing Depth 2584'			
Perforations 2645½, 46, 47, 51, 52, 53, 54, 55, 56, 2657			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12½	8 5/8	182	150 sxs. Class C
7 7/8	4½"	2780	500 sxs. Halliburton
			light, 400 sxs. 50/50
			poz mix

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL *Acresage Factor = 975*

(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 4-1-82	Date of Test 4-2-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 90	Casing Pressure 110	Choke Size ½
Actual Prod. During Test 126	Oil-Bbls. 121	Water-Bbls. 5	Gas-MCF 9

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

1. 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.

Garnette Mahan
(Signature)

Agent

(Title)

April 19, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 26 1982

BY *W. A. Gussott*

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 deviated 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 multiple completed wells.