CAMINA CASE TO NOT BE
ELABORATE GAS 82
UNITED A TOPO TO THE

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EAR 1 # 1.		Ĺ	7	
U & O.8.		1		
CARD OFF I F		l		
	OIL	1		
TARHSPORTER	DAS			
OP FRATOR		1		
PROBATION OFFICE				

Reason(s) for filing (Check proper box)

Recompletion

Change in Ownership

Santa Rita Exploration Corporation/

OII

Casinghead Gas

P.O. Box 798, Artesia, New Mexico

O. J. J.

ME 1 1 1 11 12 CAPR 2 0 1982

Other (Please explain)

REQUEST FOR ALLOWABLE AND ARTERIA, C AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

88210

Dry Gas

If change of ownership give name		IS OF	IS CHEAN			
and address of previous owner						
DESCRIPTION OF WELL AND	LEASE.   Well No.   Pool Name, Including Fo	ormation	Kind of Lease		Lease No.	
Moonshine 7-Battery			State, Federal	or Fee Fee		
Location						
Unit Letter M : 990	Feet From The South Lin	• and <u>330</u>	_ Feet From T	h• West		
Line of Section 7 T.	waship 9S Range 29	9Е , ммрм,	C	haves	County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to	which approv	ed copy of this form is	to be sent)	
Name of Authorized Transporter of Cil	or Condensate [					
Navajo Crude Oil Pu	chasing Company	P.O. Drawer 175, Artesia, N Address (Give address to which approved copy of the			to be sent)	
Name of Authorized Transporter of Ca	singhedd Cas Company Cas Company					
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	d? Whe	n.		
i give location of tanks.	K 1 7 9S 29E	NO NO	number:			
If this production is commingled wi	th that from any other lease or pool,	Sive committelling order				
COMPLETION DATA	Oil Weli Gas Well	New Well Workover	Deepen	Plug Back   Same Re	s'v. Dill. Res'v.	
Designate Type of Completi	on $-(X)$ $X$	X	f 1	<u> </u>		
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Date Spudded 3-16-82	4-8-82	2781		N/A		
	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
Lievations (DF, RKB, RT, GR, etc.)	San Andres	2630		2678		
	Ball Iniae			Depth Casing Shoe		
Perforations 2668.2669.267	0,2679,2680,2681,2682	, 2683		N/A		
2004 ,2000,2003,200	TURING CASING, AND	CEMENTING RECOR	D			
	CASING & TUBING SIZE	DEPTH SE		SACKS CE	MENT	
HOLE SIZE	8 5/8	173		150 sxs. Cl	ass C	
12 1/4	4 1/2	2781		500 sx Hall	iburton	
7 7/8	4 1/2			Light, 400		
				50/50 poz	mix	
	The state of the s	feer recovery of total volum	ne of load oil o	and must be equal to or	exceed top allow-	
TEST DATA AND REQUEST F	-11-711-7	pth or be for full 24 hours	_			
OIL WELL Receive The	Date of Tes:	Producing Method (Flow	, pump, gas lif	t, etc.)		
Date First New Oil Run To Tanks 4-8-82	4-19-82	Pumping				
	Tubing Pressure	Casing Pressure		Choke Size	ded ID The	
Length of Test	N/A	N/A		N/A	be been	
24 hours	OII-Bbis.	Water-Bbls.		Gan-MCF NO	mp'	
Actual Fred. During Test	87	2		9 30	Dung, D	
89	0 /				4.30'gg	
GAS WELL		T-1 0 0 0 0		Gravity of Condensat		
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensute/MMCF				
Teating Method (pirot, back pr./	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-	-i¤)	Choke Size		
OF COURT IAA	CE	DIL CO	ONSERVAT	ION DIVISION		
CERTIFICATE OF COMPLIAN	CE		rk & b			
	- Fabra Oil Conservation	APPROVED			, 19	
	regulations of the Oil Conservation beand that the information given	1 7) (	T 21	resset		
Envision have been compliant with	e heat of my knowledge and belief.	11 1 1				
		TITLE	MRYLLE Ko	MILMICE N		
	1	This form is to	to filed in o	compliance with MUL	E 1104.	
/ / / / / / / / / / / / / / / / / / /			for allowable for a newly drilled or despense			
- Chile	Therace	11	LA ACCOMOM	uted by a reparenton	D1 (11) G-11-11-	
(214)	•••• • /	team taken on the	well in accor	SEUCE WILL MOCK .	• • •	
Age	-	able on new and to	All sections of this form must be filled out completely for allowable on new and recomplated walls.			
	12(#)	Il and VI for changes of owner,				
4-20	wall name or number, or transporter, or other wood crime					
(Date) Separate Forms C-104 must be filled for e			the filed for each	bour to wmitthis		
•		Il completed wells.				