

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
REVISED 10-1-78  
**RECEIVED**

**AUG 10 1982**

**O. C. D.  
ARTESIA, OFFICE**

**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U. S. B.		
LAND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRODUCTION OFFICER	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Moonshine 7 Battery 2</b>	Well No. <b>12</b>	Pool Name, including Formation <b>Twin Lakes-SA Assoc.</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>C</b> ; <b>1650</b> Feet From The <b>West</b> Line and <b>330</b> Feet From The <b>North</b> Line of Section <b>7</b> T. wnhshp <b>9S</b> Range <b>29E</b> , NMPM, <b>Chaves</b> County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Drawer 175 Artesia, N.M. 88210</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Mapco Production Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>1800 S. Baltimore Tulsa, Okla. 74119</b>			
If well produces oil or liquids, give location of tanks. <b>K</b>	Unit <b>7</b>	Sec. <b>9</b>	Twp. <b>29</b>	Rge. <b>29</b>
Is gas actually connected? <b>Yes</b>			When <b>7-16-82</b>	

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 <b>6-3-82</b>	Date Compl. Ready to Prod. <b>7-16-82</b>		Total Depth <b>2780'</b>		P.B.T.D. <b>N/A</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3929 GL</b>	Name of Producing Formation <b>San Andres</b>		Top Oil/Gas Pay <b>26-30'</b>		Tubing Depth <b>2663</b>			
Perforations <b>2655', 2656', 2657', 2651', 2662', 2663'</b>					Depth Casing Shoe <b>2757</b>			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/2</b>	<b>8 5/8</b>	<b>176</b>	<b>150 sxs. of Class "C" 2% CaCl2</b>
<b>7 7/8</b>	<b>4 1/2</b>	<b>2757</b>	<b>600 sxs. Halliburtonlite 400 sxs. 50/50 poz mix</b>

**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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>7-16-82</b>	Date of Test <b>7-16-82</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hr.</b>	Tubing Pressure <b>70</b>	Casing Pressure <b>NA</b>	Choke Size <b>.375</b>
Actual Prod. During Test <b>25</b>	Oil-Bbls. <b>25</b>	Water-Bbls. <b>45</b>	Gas-MCF <b>76</b>

**GAS WELL**

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

*Sue Kelly*  
(Signature)

Production Clerk

(Title)

August 10, 1982

(Date)

**OIL CONSERVATION DIVISION**

APPROVED **AUG 12 1982**, 19

BY *Leticia A. Clemente*  
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 Form C-104 must be filed for each pool in multiply completed wells.