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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	CIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <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

Lease Name Moonshine 7 Battery #2	Well No. #14	Pool Name, including Formation Twin Lakes-SA Assoc.	Kind of Lease State, Federal or Fee      Fee	Lease No.
Location Unit Letter      P      ;      990      Feet From The      East      Line and      990      Feet From The      South				
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"/>	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1800 S. Baltimore      Tulsa, Oklahoma						
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 7	Twp. 9S	Rge. 29E	Is gas actually connected? Yes	When 9-2-82	74119

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-29-82	Date Compl. Ready to Prod. 9-2-82	Total Depth 2880'	P.B.T.D. N/A					
Elevations (DF, R&B, RT, GR, etc.) 3928' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 26.30	Tubing Depth 2804					
Perforations 2797', 2798', 2802', 2802½', 2803', 2803½'			Depth Casing Shoe 2881					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12½	8 5/8	180	125 sxs. of Class C
			2½CC. Circ. 25 sxs.
7 7/8	4 ½	2880	600 sxs. of Hallibur-
			ton lite & 400 sxs. of
			50/50 poz mix

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 allow-  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-8-82	Date of Test 9-8-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 40	Casing Pressure 60	Choke Size 11-5-22 Camp. + BK
Actual Prod. During Test 1	Oil-Bbls. 1	Water-Bbls. 30	Gas-MCF TSTM

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

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 Kelley  
(Signature)

Production Clerk

(Title)

November 2, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 12 1982 , 19

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

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 allow-  
able 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.