DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

RECEIVED

SEP 2 1982

O. C. D.
ARTESIA, 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)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Moonshine 7 Battery #2	#14	Twin Lakes-SA Assoc.	State, Federal or Fee Fee	

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 [X] or Condensate [ ]
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 [X] or Dry Gas [ ]
Mapco Production Co.

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

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	7	9S	29E	Yes	9-2-82

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-29-82	9-2-82	2880'	N/A

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3928' GL	San Andres	2630	2804

Perforations 2797', 2798, 2802, 2802½, 2803, 3803½, 2739, 2740, 2744, 2748, 2749, 2750, 2754, 2757, 2758, 2759, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772'

Depth Casing Shoe 2881

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	8 5/8	180	125 sxs. of Class C 2% CC. Circ.25 sxs.
7 7/8	4½	2880	600 sxs. of Halliburton lite & 400 sxs. of 50/50 poz. mix

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.)	
9-8-82	9-8-82	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	40	60	
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
1	1	30	TSTM

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**

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.

(Signature)

Production Clerk
(Title)

12-1-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

BY _____

TITLE _____

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 operator, 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.