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P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

AMENDED REPORT

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Santa Rita Exploration Corporation

MAY 02 1983

Address
P.O. Box 798, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

O. C. D.
ARTESIA, OFFICEIf 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 <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>9S</u> Range <u>29E</u> , NMPM, <u>Chaves</u> 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. Box 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mapco Production Co.	Address (Give address to which approved copy of this form is to be sent) 1800 S. Baltimore, Tulsa, OK, 74119	
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	

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Rest'
Date Spudded 5-29-82	Date Compl. Ready to Prod. 9-2-82		Total Depth 2880'			P.B.T.D. 2782'		
Elevations (DF, RKB, RT, GR, etc.) 3928' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2739'			Tubing Depth 2772'		
Perforations 2739', 2740, 2744, 2748, 2749, 2750, 2754, 2757, 2758, 2759, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772'						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	180	125 SXS
7 7/8	4 1/2	2867	1000 SXS

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 casing shoe 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 Hours	Tubing Pressure 40	Casing Pressure 60	Choke Size
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.

Walter J. Jell
(Signature)Production Clerk
(Title)2-17-83
(Date)

OIL CONSERVATION DIVISION

MAY 03 1983

APPROVED _____, 19

BY _____
Supervisor

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 Forms C-104 must be filed for each pool in multiple completed wells.