

DISTRIBUTION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Superseded by OCS Form 1000
Effective 1-1-83

Operator
Santa Rita Exploration Corporation
Address
P. O. Box 798 Artesia, New Mexico 88210
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name Moonshine 18 Well No. 3 Pool Name, including Formation Twin Lakes-SA Assoc.
Kind of Lease State, Federal or Fee Fee
Location
Unit Letter G : 1650 Feet From The North Line and 2310 Feet From The East
Line of Section 18 Township 9S Range 29E, NMPM, Chaves Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Crude Oil Purchasing Company 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 ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit K Sec. 18 Twp. 9S Pgs. 29E Is gas actually connected? No When

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 X Gas Well X New Well X Workover Deepen Plug Back Same Resv. Diff. Res.
Date Spudded 6-15-82 Date Compl. Ready to Prod. 10-3-82 Total Depth 2880' P.B.T.D. NA
Elevations (DF, RKB, RT, GR, etc.) 3939' Name of Producing Formation San Andres Top Oil/Gas Pay 27.31 Tubing Depth 2861'
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4 8 5/8 145 125 sxs. Class "C"
7 7/8 4 1/2 2861 Circ. 25 sxs.
600 sxs. Halliburton
lite & 200 sxs. 50/50
pox 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 of hole for this depth or be for full 24 hours)
Date First New Oil Run To Tanks 10-30-82 Date of Test 10-30-82 Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs. Tubing Pressure Casing Pressure 50 Choke Size
Actual Prod. During Test 4 Oil-Bbls. 4 Water-Bbls. 15 Gas-MCF TSTM

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

I. 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
November 4, 1982
(Date)

OIL CONSERVATION COMMISSION
NOV 10 1982
APPROVED
BY Mike Walker
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 de-
well, this form must be accompanied by a tabulation of the de-
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for
able on new and recompleted well.
Fill out only Sections I, II, III, and VI for changes to
well name or number, or transporter, or other such changes.
Separate Forms C-104 must be filed for each recom-
pleted wells.