

TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator Santa Rita Exploration, Corp. ✓			
Address P.O. Box 798, Artesia, New Mexico 88210			
REASON(S) FOR FILING (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
Other (Please explain)			
If change of ownership give name and address of previous owner			

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O. C. D.  
ARTESIA, OFFICE

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Moonshine 18	#4	<del>UN</del> Twin Lakes--SA Assoc.	State, Federal or Fee Fee
Location			
Unit Letter	D	330 Feet From The North Line and 330 Feet From The West	
Line of Section	18	Township 9S	Range 29E, NMPM, Chaves

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 Company			
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>
Address (Give address to which approved copy of this form is to be sent)			
P.O. Drawer 175 Artesia, New Mexico 88210			
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	Sec.	Twp.
	K	18	9S
			Pge. 29E
Is gas actually connected? 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	Gas Well	New Well
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-12-82	1-18-83	2742'	2727'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3974' GL	San Andres PI		2580'
Perforations	Depth Casing Shoe		
2698', 99', 2700, 01, 02, 03, 04, 05, 2714'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	213'	165 sxs. Class C neat
10 1/4	5 1/2	2742'	600 sxs Class C neat
			200 sxs 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 of hole for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-18-83	1-18-83	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	None	40#	none
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
35	35	1	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

1. 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.

Vickie Juel  
(Signature)

Production Clerk  
(Title)

2-2-83  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 11 1983, 19

BY Original Signed By  
Leslie A. Clements

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 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 wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transport-n, or other such change of c.

Separate Form C-104 must be filled for each pool in completed wells.