

RECEIVED

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C. C. D.

OFFICE

TRANSPORTER	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)	Change in Transporter of:	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Moonshine 18	#5	Twin Lakes--SA Assoc.	State, Federal or Fee	Fee
Location				
Unit Letter	B	330 Feet From The	North Line and	2310 Feet From The
				East
Line of Section	18	Township	9S	Range 29E, NMPM, Chaves Cou

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	P.O. Dower 175 Artesia, New Mexico 88210					
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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pgs.	Is gas actually connected?	When
	K	18	9S	29E		

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	Some Rest'v.	Diff. P
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-21-82	2-1-83	2805'	2790'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3974'	San Andres		2760'					
Perforations			Depth Casing Shoe					
2766', 67, 68, 69, 70, 71, 2772'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8, 24#	241'	150 sxs Class C neat
			2% CaCl
7 7/8	5 1/2, 15.5#	2805'	575 sxs Halliburton
	2 3/8	2760'	Lite

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 able 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.)	Post
2-2-83	2-2-83	Pumping	FD-2
Length of Test	Tubing Pressure	Casing Pressure	3-11-83
24 hours		N/A	limp + BK
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Choke Size
30	30	30	NONE
			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

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.

Wickie Juel  
(Signature)  
Production Clerk  
(Title)  
2-9-83  
(Date)

OIL CONSERVATION COMMISSION

FEB 11 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Leslie A. Clements  
Original Signed By  
Supervisor District II  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or da-  
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 o  
well name or number, or transportation or other such change of c.  
Separate Forms C-104 must be filed for each pool in  
recompleted wells.