

DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRODUCTION 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-110
Effective 1-1-65

RECEIVED

DEC 26 1979

Operator	Alpha Twenty-One Production Company	O. C. O. ARTESIA OFFICE
Address	2100 First National Bank Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	Black River Corporation, 2100 First National Bank Building Midland, Texas 79701	

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BRC - Madera	1	South Carlsbad - Morrow	State, Federal or Fee	Fee
Location				
Unit Letter	B	: 860 Feet From The North Line and 1980 Feet From The East		
Line of Section	29	Township 22-S	Range 27-E	NMPM, Eddy County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing Company	P.O. Drawer 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
	B	27 22 27
Is gas actually connected?	When	
Yes	03-10-78	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

7. 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.				
12-15-77	03-07-78	11,842		11,765				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3138.8 Ground Level	Morrow	11,697		11,708				
Perforations		Depth Casing Shoe						
11,697 - 11,706 (27 holes - 3 shots per foot, .32") (RKB)		11,842						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
20	16" 65#	378		235 cl. c - 150 real				
14-1/4	10-3/4" 40.5#	2618		1200 Cl. C - 200 real				
9-7/8	7-5/8 26.40 to 33.70#	11311		15 cu. yds. pozmix				
6-1/2	5" 18" liner	11056 - 11842 - 160 sx		780 Class H				

7. 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 allowable 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

Tommy Phipps (Signature)
Executive Vice President
(Title)
December 17, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 26 1979, 19____

BY W. A. Gussert

TITLE SUPERVISOR DISTRICT H

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 owner, 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.