

DISTRIBUTION	4
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRORATION 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

FFB 12 1980

O. C. D.

ARTESIA, OFFICE

Operator Alpha Twenty-One Production Company

Address 2100 First National Bank Building, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cerro Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Cass Draw Wolfcamp</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>E</u>	<u>2080</u> Feet From The <u>North</u> Line and <u>760</u> Feet From The <u>West</u>			
Line of Section <u>11</u>	Township <u>23S</u>	Range <u>27E</u>	NMPM, <u>Eddy</u> County	

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)
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)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
<u>E 11 23S 27E</u>	<u>Yes 4-6-79</u>

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	Same Restv.	Diff. Restv.
		<u>X</u>				<u>X</u>	<u>X</u>	
Date Spudded <u>8-20-78</u>	Date Compl. Ready to Prod. <u>12-21-78</u>	Total Depth <u>12,401</u>	P.B.T.D. <u>10,115</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3092.4</u>	Name of Producing Formation <u>Wolfcamp</u>	Top Oil/Gas Pay <u>9765</u>	Tubing Depth <u>9715</u>					
Perforations <u>9765-9768, 9778-9782, 9785-9789, 9793-9798, 9805-9809, 9813-9817 One shot per foot (.31 Diam.)</u>						Depth Casing Shoe <u>12,399</u>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT		
<u>17 1/2</u>	<u>13-3/8</u>	<u>374</u>				<u>400 sx C</u>		
<u>12 1/4</u>	<u>10-3/4</u>	<u>5660</u>				<u>1730 sx Lite & 200 Sx C</u>		
<u>9 1/2</u>	<u>7-5/8 Liner</u>	<u>5322 to 11,720</u>				<u>925 sx Lite & 460 sx H</u>		
<u>6 1/2</u>	<u>5 Liner</u>	<u>11362 to 12,401</u>				<u>150 sx H</u>		

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 <u>340 MCF</u>	Length of Test <u>24 Hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Pitot</u>	Tubing Pressure (Shut-in) <u>1630</u>	Casing Pressure (Shut-in)	Choke Size <u>3/8</u>

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)
2-11-80 (Date)

OIL CONSERVATION COMMISSION

FEB 13 1980

APPROVED _____, 19____
BY W.A. Gissett
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 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.