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	NO. OF COPIES ACCEIVED							
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104				
	SANTA FE 1		FOR ALLOWABLE	Supersedes Old C-104 and C-1.				
	FILE , V	7	AND	Effect RECEIVED				
	U.S.G.S.	AUTHODIZATION TO TO	ANSPORT OIL AND NATURAL O					
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL C	_				
	OIL	┪		JUL 3 0 1980				
	IRANSPORTER GAS 1	-						
		-		O. C. D.				
	OPERATOR	4		ARTESIA, OFFICE				
1.	PRORATION OFFICE			ARTESIA, OFFICE				
	Operator	Production Company						
	Alpha Twenty-One Production Company ✓							
	Address							
	2100 First National Bank Bldg Midland, Texas 79701							
	Reason(s) for filing (Check proper box) designate Other (Please explain)							
	New Well	Transporter of:						
	Recompletion	Oil 🙀 Dry G	as 🗍	•				
	Change in Ownership		ensate 🔯	-				
			20					
	If change of ownership give name							
	and address of previous owner							
**	DECORPORAN OF WELL AND	I D 405						
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	formation Kind of Lease					
	Cerro Com	1	į					
		1 Cass Draw Wol	TCamp State, Federal	lor Fee Fee				
	Location	_						
	Unit Letter E ; 208	80 Feet From The North Lin	ne and 760 Feet From 1	_{rhe} West				
	Line of Section 11 Tox	wnship 23S Range	27E , NMPM, Ed	dy County				
TT	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	10					
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which approx	ed 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 or Dry Gas Address (Give address to which approved copy of this form is to be sent)							
	100		0 0					
	Ellaso natural Ba			aso Layer 19978				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe					
	give location of tanks.	E 11 23S 27E	YES	4/6/7 8 アテ				
	If this production is commingled wit	th that from any other lease or pool.	give commingling order number:	1				
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA							
		Oil Well Gas Weli	New Well Workover Deepen	Plug Back Same Res'v. Diff. Bos'v.				
	Designate Type of Completic	$\operatorname{on} = (X)$		X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	8/20/78	12/21/78	12,401	`				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	10,115				
	3,092.4	Wolfcamp	9,165	Tubing Depth 9,715				
	-	·		1				
	•	3-9782, 9785-9789, 9 79 3-	979 8 , 9805-9809,	Depth Casing Shoe				
	9813-9817 one	shot per foot (.31 bia	m.)	12,399				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASHIG & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	17½"	13 3/8"	374	400 SX C				
	1214"	10 3/4"	5660	1730 SX Lite & 200 SX C				
ļ	9134	7 5/8" Liner	5322 to 11,720					
	613"			975 SX Lite & 460 SX H				
J		5" Liner	11,362 to 12,401	i 150 SX Н				
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.							
,	OIL WELL	y						
	Date First New Oil Run To Tanks	Date of Test	-Producing Method (Flow, pump, gas life	, etc.)				
		<u> </u>		160 10				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
ı				1 32 4 1				
f	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF				
- 1								
į			1	I				
	GAS WELL							
r	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Complete of Condemnate				
ı			Congratanta MMCL	Gravity of Condensate				

I. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

Ronnie Sowders	011
Ronnie Sowders	(Signature)
Video Droaddont	

Vice President

(Title)

7/28/80

(Date)

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

APPROVED_	AUG 4	1980		_ , 19
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TITI F	SUPERVIS			

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 MULE 111.

All sections of this form must be filled out completely for all contributions of the section of