

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
AMTAFE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		RECEIVED			
TRANSPORTER		DEC 10 1979			
OIL					
GAS					
OPERATOR					
PRODUCTION 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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	
--	--	--	--

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
BR Federal	3	Washington Ranch - Strawn	State, Federal or Fee Federal NM
Lease No. 0502925-A			
Location			
Unit Letter	M	330 Feet From The West Line and	330 Feet From The South
Line of Section	33	Township 25-S	Range 24-E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation		Box 3119, Midland, Texas 79701	
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.
	M	33	25S
			24E
Is gas actually connected?	Yes	When	02-11-77

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
01-05-76	01-29-76
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
3802.3 GR	Washington Ranch-Strawn
Perforations	Total Depth
5927-39	6205
	P.B.T.D. 6162
	Tubing Depth 5940
	Depth Casing Shoe 6205

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-1/2	9-5/8	614	175 Lt. Wt.
			75 Class C
7-7/8	4-1/2	6205	175 Class H

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.)	
		P.D.S.	
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

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 _____, 19____	
BY <u>W. A. Gressett</u>	
TITLE <u>MANAGER, DISTRICT X</u>	
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.	