STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Alpha Twenty-One Production Company

Address
2100 First National Bank Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

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 (State, Federal or Fee)	Lease No.
Justis B Federal	1	Langlie Mattix - Queen	Federal	NM 4355

Location
Unit Letter G ; 1980 Feet From The North Line and 1650 Feet From The East

Line of Section 11 Township 25S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]
Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
El Paso Natural Gas Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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 Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-26-81	10-1-81	3600	3557
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3141 Ground Level	Queen	3070	3100

Perforations 3070, 3074, 3078, 3082, 3091, 3097, 3105, 3112, 3114, 3122, 3124, 3130, 3132, 3140, 3168, 3174, 3182, 3200, 3202, 3212, 3214, 3230-22 Perfs 3600 (.50 Dia.)
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12-3/4"	30'	Redimix to Surface
12½"	8-5/8"	450'	280 Sx.Cl.C,2%Cacl,Circ.
7-7/8"	5½"	3600'	350 Sx.BJ Lite,15 Lb.Cac
			300 Sx.50-50 Pozmix,9 lb Cacl.- Circulated 300 Sx

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 for this depth or be for full 24 hours)

OIL WELL

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
220	24 Hrs.	-0-	N/A
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Pitot	60	80	48/64

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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)
October 1, 1981 (Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY Orig. Signed By Jerry Sexton

TITLE Dist. I, Supv.

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.