

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

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ND OFFICE		
ANSPORTER	OIL	
	GAS	
ERATOR		
ORATION 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:

Completion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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 <u>Cities - Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Washington Ranch - Morrow</u>	Kind of Lease State, Federal or Fee <u>Federal NM</u>	Lease No. <u>0472258</u>
Location Unit Letter <u>I</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>2080</u> Feet From The <u>South</u>				
Line of Section <u>33</u> Township <u>25-S</u> Range <u>24-E</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>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>Yes</u> <u>03-17-72</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 Res'v.	Diff. Res'v.
		X						
Date Spudded <u>01-14-72</u>	Date Compl. Ready to Prod. <u>02-17-72</u>	Total Depth <u>7070</u>	P.B.T.D. <u>7037</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3763 RKB</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>6921</u>	Tubing Depth <u>6885</u>					
Perforations <u>6921-28; 6946-68</u>	<u>58 holes</u>	Depth Casing Shoe <u>7069</u>						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11</u>	<u>8-5/8</u>	<u>722</u>	<u>525</u>
<u>7-7/8</u>	<u>5-1/2</u>	<u>7069</u>	<u>350</u>
	<u>2-7/8</u>	<u>6885</u>	<u>-</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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 DEC 20 1979, 19____
BY W.A. Gressett
TITLE OFFICE MANAGER

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 recompleted wells.