

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

Alpha Twenty-One Production Company

Address

2100 First National Bank Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Coastinghead Gas	☐
		Dry 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	Lease No.
Gloria Federal	1	Langlie Mattix - Queen	State, Federal or Fee Federal	NM-14217
Location				
Unit Letter	A	660 Feet From The North Line and 660 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 Coastinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rgs.
	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 Resist.	Diff. Resist.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
8-4-81	10-1-81	3400	3357					
Elevations (DF, P.K.B., RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3143 Ground Level	Queen	3056	3110					
Perforations 3056, 3072, 3074, 3076, 3078, 3092, 3094, 3096, 3105, 3110, 3112, 3114, 3126, 3166, 3170, 3176, 3184, 3188, 3194, 3196, 3198, 3230, 3232, 3234 - 24 Perfs. (.50 Dia.)	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 3400					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12-3/4"	30'	Redimix to Surface
12 1/4"	8-5/8"	457'	285 Sx.Cl.C.2%Cacl-Circ.
7-7/8"	5 1/2"	3400'	400 Sx.Pacesetter Lite
			Cl.C, 15 Lb Salt-300 Sx.Cl.C, 50-50 Pozmix, 2% Gel-Circ 200

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 greater than 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/MCF	Gravity of Condensate
260	24 Hrs.	-0-	N/A
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Pitot	60	90	48/64

I. 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

October 1, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____
Orig. Signed by
Jerry Sention
Dist. 1, Supv.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multi-completed wells.