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S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
PERATOR		
ORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
A. D
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

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"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead 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.
Cities - Federal	1
Location	Pool Name, including Formation
Unit Letter F	Washington Ranch - Morrow
Line of Section 34	Kind of Lease
Township 25-S	State, Federal or Fee Federal NM
Range 24-E	Lease No. 0472258
NMPM,	
Eddy	
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)
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Pge.	Yes 01-29-72

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
May 6, 1971	June 4, 1971	7045	7000				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3741 RKB	Morrow	6795	6750				
Perforations	Depth Casing Shoe						
6795 - 6806; 6814 - 6844	7043						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	12-3/4	375	275
11	8-5/8	1005	500
7-7/8	4-1/2	7043	450
	2-7/8	6750	-

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
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	
BY	
TITLE	
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.	