STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Alpha Twenty-One Production Company

Address
P.O. Box 1206, Jal, NM 88252

Reason(s) for filing (Check proper box)
- [XX] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 8/31/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL ~~DESIGNATED BELOW. IF YOU DO NOT CONCUR~~ NOTIFY THIS OFFICE. (8-1-84)

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mike	1	Eunice Monument R-7607 ~~Grayburg San Andres~~	State, Federal or Fee Fee	

Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East

Line of Section 32 Township 18-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XXX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [XXX] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	P.O. Box 1689, Lovington, NM 88260

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	32	18S	37E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. 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 is true and complete to the best of my knowledge and belief.

R.W. Lansford (Signature)
Vice President/Energy Resources (Title)
June 13, 1984 (Date)

OIL CONSERVATION DIVISION

APPROVED JUN 21 1984, 19 _____

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well: XX	Gas Well	New Well: XX	Workover	Deepen	Plug Back	Same Resv.	Diff. Re

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-27-84	6-9-84	4436	4220
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3699.2 GL	Grayburg	3924	3964

Perforations: 3924,3926,3936,3944,3958,3960,3968,3973,3975,3976,3994,4047,4082 **Depth Casing Shoe**
4084,4084,4086,4100,4102,4112,4126,4137,4139,4168,4170,4172,4184,4186,4188.

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	407'	250 sx Cl. C. Circ.
7-7/8"	5-1/2"	4426'	1700 sx Hal/Lite, 500
			sx Thick-Set, & 500 s
			Cl.C, Circ.

V. 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.)	
6-3-84	6-10-84	flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	85	.194	31/64
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
65	28	37	210

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**

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