

OFFICE RECEIVED	
DISTRIBUTION	
DATE	
TIME	
U.S. NO.	
LABOR OFFICE	
REPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

P. O. BOX 2688

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

Alpha Twenty-One Production Company

6. For filing (Check proper box)

Other (Please explain)

New Unit

Change in Transporter of:

Change of Ownership and Operator from
Texaco Producing Inc. to Alpha Twenty-
One Production Co. effective 9-1-85

Re-completion

☐ Oil

☐ Dry Gas

Change in Ownership

☐ Casinghead Gas

Condensate

change of ownership give name

1 address of previous owner Texaco Producing Inc., P.O. Box 728, Hobbs, NM 88240

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State Ac.	1	Eumont Yates 7-Pivers Queue	State, Federal or Fee State	B-2350
Location				
Unit Well: F	1974	Feet From The West	Line and 2079	Feet From The North
Line of Section 5	Township 19S	Range 37E	NMPM,	Lea County

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 Co.					P.O. Box 1492, El Paso, TX 79978	
well produces oil or liquids, or production of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When
					Yes	Unknown

his production is commingled with that from any other lease or pool, give commingling order numbers:

Then Complete Parts IV and V on reverse side if necessary.

I 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.

Linsford (Signature)

Linsford (Signature)

President/Energy Resources

(Title)

10, 1985

(Date)

APPROVED Oct 15 1985 19 85
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 AULG 111.

All sections of this form must be filled out completely for allowance 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.

RECEIVED
OCT 11 1985
O.C.C.
HOBS OFFICE