STATE OF NEW MEXICO
GY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Alpha Twenty-One Production Company

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

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)
Requesting approval to commingle Tubb and Drinkard zones in this well.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE North House Tubb R-7193 (2-1-83)

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Werta Federal	1	~~House Drinkard~~ Tubb	State, Federal or Fee Federal	NM 14812

Location
Unit Letter O : 2310 Feet From The East Line and 330 Feet From The South

Line of Section 35 Township 19 South Range 38 East , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Drawer 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas XX 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, TX 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	35	19-S	38-E	Yes	6-11-82

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 Resv.	Diff. Resv.
	X		X					X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-6-82	3-8-82	7200'	6900' RBP
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3577' GL	Tubbs	6675'	6675'
Perforations 6675, 6678, 6680, 6686, 6688, 6690, 6698, 6704, 6724, 6726, 6732, 6740, 6742, 6754, 6760, 6770, 6774, (17 Perfs)			**Depth Casing Shoe** 7196'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	1,611.94'	800 sx Cl.C, Circ.150 sx
7-7/8"	5-1/2"	7,195.77	1st Stg-575 sx Cl.C, Circ
			2nd Stg-1050 sx Hallib.
			Lite, 200 sx Cl.C., Circ.

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.)	
7-3-82	7-20-82	Pumping-Anvil 228	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	Pump	18 PSI	32/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
24.28	8.28	20	40

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R.W. Lansford (Signature)
Vice President/Energy Resources (Title)
8-5-82 (Date)

OIL CONSERVATION DIVISION

APPROVED NOV 9 1982, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPR.

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.