GY AND MINERALS DEPARTMENT

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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	X
Change in Ownership		Casinghead 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.
Jo	1	Eumont Gas	State, Federal or Fee State	

Location

Unit Letter N : 1944 Feet From The West Line and 660 Feet From The South

Line of Section 6 Township 19-S Range 37-E , 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 Casinghead Gas or Dry Gas X

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)

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
	N	6	19-S	37-E	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 Resv.	Diff.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-7-83	3-10-83	3950	3939

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3717.4 GL	Queen	3755	3809.27'

Perforations 3755, 3759, 3764, 3768, 3769, 3770, 3771, 3772, 3774, 3807 3808, 3809, 3810, 3812, 3813

Depth Casing Shoe 3942.73

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12-3/4"	30'	Redimix to Surface
12-1/4"	8-5/8"	422.11'	250sx CL.C.CACL.Circ
7-7/8"	5-1/2"	3942.73'	450sx Hal/Lite, 325s
			50/50 Poz. 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.)	
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/MMCF	Gravity of Condensate
469	24 Hrs.		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Pitot	60	110	32/64

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)

March 25, 1983 (Date)

OIL CONSERVATION DIVISION

APPROVED APR 25 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 operator, 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.