

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
J.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

Alpha Twenty-One Production Company

Address

P.O. Box 1206, Jal, NM 88252

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

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.
Colvin Federal	1	Wildcat	State, Federal or Fee Federal	NM 17252

Location

Unit Letter B : 660 Feet From The North Line and 330 Feet From The East

Line of Section 17 Township 20-S Range 39-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Drawer 175, Artesia, New Mexico 88210
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	P.O. Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	B	17	20-S	39-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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-16-82	6-2-82	4421'	3360'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3539 Ground Level	Seven Rivers/Yates	2889'	3326'					
Perforations			Depth Casing Shoe					
2889, 2890, 2892, 2916, 2918, 2920, 2922, 2924, 2926, 2946, 2948, 2950, 2952, 2970, 2972, 2974, 2976, 2978, 2980, 2982, 2985, 2987, 2988, 3075, 3076, 3078, 3085, 3086, 3087, 3100, 3107, 3120, 3122, 3123, 3127, 3136, 3162, 3199, 3200, 3227, 3235, 3236, 3238, 3243 Perfs)			4421'					

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	1014	500 sx Cl.C.
8-5/8	5-1/2	4416.95	1st Slr. 675 sx Hal. Lt.
			2nd Slr. Cl.C. 50/50 Poz

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)

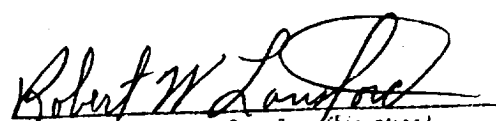
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
320	24 hrs.	8	36
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Pitot	1320	1320	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.


Robert W. Lansford (Signature)
Vice President/Energy Resources
(Title)

June 8, 1982

(Date)

OIL CONSERVATION DIVISION

AUG 18 1982

APPROVED

ORIGINAL SIGNED BY

BY JERRY SEXTON

DISTRICT 1 SUPR.

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.

RECEIVED

JUN 18 1982

O.C.D.
HQSAS OFFICE