

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
PRODUCTION OFFICE	
TRANSPORTER	OIL
	GAS
LAND OFFICE	
U.S.G.B.	
FILE	
SANTA FE	
DISTRIBUTION	
BY AND INITIALS DEPARTMENT	

Alpha Twenty-One Production Company

Address

P.O. Box 1206, Jal, NM 88252

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

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.
Lansford	5	Penrose-Skelly	State, Federal or Fee Fee	

Location

Unit Letter J : 1650 Feet From The South Line and 2160 Feet From The East

Line of Section 21 Township 21-S Range 37-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <input checked="" type="checkbox"/> or Dry Gas <input 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, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
0 21 21-S 37-E	yes 8-30-82

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 Resrv.	Diff. Resrv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-3-82	8-27-82	4285'	4203'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3451 GL	Grayburg	3650'	3815'					
Perforations	Depth Casing Shoe							
3650, 3652, 3654, 3677, 3694, 3696, 3698, 3702, 3704, 3706, 3711, 3724, 3725, 3734, 3736, 3756, 3758, 3760, 3761, 3784, 3786, 3788, 3790	4281'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12-3/4"	30'	Redimix to Surface
12-1/2"	8-5/8"	403'	275 sx
7-7/8"	5-1/2"	4281'	1325 sx

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.)	
8-27-82	8-30-82	Trico 114	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	Pump	65	32/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
80	52	28	250

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

September 1, 1982

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 3 1982, 19

BY JERRY SEXTON
DISTRICT 1 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 allow-
able 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 filled for each pool in multi-
completed wells.

RECEIVED

SEP 2 1982