

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

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

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

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

Change of ownership give name  
and address of previous owner:

DESCRIPTION OF WELL AND LEASE

Lease Name: Robert	Well No.: 1	Pool Name, including Formation: Hare San Andres	Kind of Lease: State, Federal or Fee	Fee	Lease No.:
Location: Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

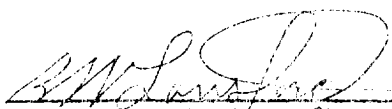
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Undesignated	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 21	Twp. 21S	Rge. 37E	Is gas actually connected? no	When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

I. 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 is true and complete to the best of my knowledge and belief.

  
R.W. Lansford (Signature)  
Vice President/Energy Resources (Title)  
September 19, 1984 (Date)

OIL CONSERVATION DIVISION

APPROVED DEC - 6 1984, 10  
BY ORIGINAL SIGNED BY JERRY ROXTON  
DISTRICT 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 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.

# 7. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX	XX					
Date Spudded 8-9-84	Date Compl. Ready to Prod. 9-9-84		Total Depth 4275'				P.B.T.D. 4120' CIBP		
Levations (DF, RKB, RT, GR, etc.) 3491.3' GL	Name of Producing Formation		Top Oil/Gas Pay 4133'				Tubing Depth 4062'		
Perforations 4133,4134,4139,4140,4141,4142,4156,4157,4158,4159,4160							Depth Casing Shoe 4266'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	394.77'	250 sx Cl. C Circ.
7-7/8"	5-1/2"	4266.62'	775 sx Hal/Lite & 500
			sx 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)

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

## AS WELL

Actual Prod. Test - MCF/D 142	Length of Test 24 hours	Bbls. Condensate/MMCF .5	Gravity of Condensate 35
Setting Method (pilot, back pr.) Pilot	Tubing Pressure (Shut-in) 1200	Casing Pressure (Shut-in) 1200	Choke Size 32/64

RECEIVED

SEP 11 1984

1984