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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Alpha Twenty-One Production Company	
Address 2100 First National Bank Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	FLARED AFTER 12/1/81
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	IS OBTAINED.

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Lea	Well No. 1	Pool Name, including Formation Undesignated Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B ; 660 Feet From The North Line and 1650 Feet From The East Line of Section 17 Township 23S Range 37E , NMPM, Lea County				

I. 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 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 B	Sec. 17	Twp. 23S	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:

V. 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		X					
Date Spudded 5-27-81	Date Compl. Ready to Prod. 9-18-81		Total Depth 7200		P.B.T.D. 7150			
Elevations (DF, RKB, RT, GR, etc.) 3327 Ground Level	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6466		Tubing Depth 6610			
Perforations 6466, 6468, 6470, 6472, 6480, 6482, 6486, 6487, 6488, 6493, 6495, 6498, 6500, 6512, 6519, 6520, 6526, 6554, 6555, 6557, 6566, 6576, 6587, 6588, 6589, 6603, 6606, 6607, 6609, 6610, 30" Perf. RECORD Dia)					Depth Casing Shoe 7194			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12-3/4"		30'		Redimix to Surface			
12 1/4"	8-5/8"		1151.61'		550 Sx C1.C-Circulate			
7-7/8"	5 1/2"		7194		1st. 700 Sx. Pozmix-Circ. 2nd. 1600 Sx. Halilite & 200 Sx. C1.C - Circulated			

V. 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 9-18-81	Date of Test 9-19-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure 60	Choke Size 48/64
Actual Prod. During Test 65 Bbls.	Oil - Bbls. 15	Water - Bbls. 50	Gas - MCF 60

GAS WELL

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

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Tommy Phipps (Signature)  
Executive Vice President (Title)  
October 22, 1981 (Date)

OIL CONSERVATION COMMISSION  
OCT 27 1981  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
Orig. Signed by  
Les Clements  
TITLE \_\_\_\_\_  
Oil & Gas Insp.

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.