

DISTRIBUTION			
SANTA FE			
FILE			
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"/>	LAW ENFORCED GAS MUST NOT BE PRODUCED AFTER 5/17/82 EXCEPT BY EXCEPTION TO E-4070 OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Lea	Well No. 2	Pool Name, including Formation Undesignated Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A ; 850 Feet From The North Line and 950 Feet From The East Line of Section 17 Township 23 S Range 37 E , NMPM, Lea 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"/>	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 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 A	Sec. 17	Twp. 23	Rge. 37	Is gas actually connected? No	When

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-29-81	Date Compl. Ready to Prod. 3-17-82	Total Depth 6700'	P.B.T.D. 6648'					
Elevations (DF, RKS, RT, GR, etc.) 3327 Ground Level	Name of Producing Formation Tubb	Top Oil/Gas Pay 6138'	Tubing Depth 6300'					
Perforations 6138, 6140, 6142, 6144, 6146, 6148, 6184, 6186, 6188, 6190, 6194, 6196, 6198, 6200, 6208, 6210, 6212, 6217, 6220, 6222, 6224, 6240, 6242, 6244, 6245, 6268, 6295 & 6298-28 P.T.B. (65 Dia.)								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	1,117.72	550 Sx.Cl.C.Circ. 69 Sx.					
8-7/8"	5-1/2"	6,691.21	1st. Stage-455 Sx. 50-50 Poz. Cl.C. 2nd. Stage-1000 Sx. Halliburton Lite Cl.C- Circ 100 Sx.					

IV. 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 3-17-82	Date of Test 3-20-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure Pumping	Casing Pressure 20	Choke Size 32/64
Actual Prod. During Test 56	Oil-Bbls. 16	Water-Bbls. 40	Gas-MCF 75

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

V. 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)
March 23, 1982 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 23 1982, 19
BY ORIGINAL
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.

WELL NAME & NUMBER

Lee #2

LOCATION

850' FNL & 950' FEL, Sec. 17, T-23-S, R-37-E

(Give Unit, Section, Township and Range)

OPERATOR

Alpha Twenty-One Production Co., 2100 First Nat'l Bank Bldg., Midland, TX 79701

DRILLING CONTRACTOR

Kenai Drilling of Texas, Inc., P.O. Box 6725, Odessa, Texas 79762

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth

1/2 475

3/4 998

3/4 1134

1 1610

1 1/4 2329

1 1/4 2809

1 1/2 3300

1 1/4 3458

1 1/4 3957

1 1/2 4613

1 1/2 5048

1 1/4 5515

1 1/4 5980

Degrees @ Depth

1 1/4 6508

Degrees @ Depth

Degrees @ Depth

Drilling Contractor Kenai Drilling of Texas, Inc.

By

Robert A. Smith, Adm. & Eng. Mgr.

Subscribed and sworn to before me this 27th day of January, 1982

Notary Public

Barbara J. LaGrone

My Commission Expires

9-18-85

Ector

County

Texas

RECEIVED

RECEIVED

MAR 24 1962

FEB 1 1962

1962

RECEIVED

RECEIVED