

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

If change of ownership give name and address of previous owner

Lease Name El Paso Justis Federal		Well No. 1	Pool Name, including Formation Langlie Mattix (Queen-Seven Rivers)	Kind of Lease Federal or Fee Federal	Lease No. LC060942
Location					
Unit Letter 0 ; 330 Feet From The South Line and 2310 Feet From The East					
Line of Section 11 Township 25S Range 37E , NMPM, Lea County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
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 Company		P.O. Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					No

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
			X	X					
Date Spudded 1-12-80	Date Compl. Ready to Prod. 2-18-80	Total Depth 3450		P.B.T.D. 3408					
Elevations (DF, RKB, RT, GR, etc.) 3129 GL (3139 RKB)	Name of Producing Formation Queen-Seven Rivers	Top Oil/Gas Pay 3079		Tubing Depth 3140					
Perforations 3079, 3097, 3105, 3115, 3126, 3132, 3145, 3153, 3162, 3171, 3179, 3241, 3249, 3254, 3288, 3293 One Shot per Foot				Depth Casing Shoe 3450					
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"		432'		225 sx C1 C Circulated			
7-7/8"		5-1/2"		3450'		500 sx C1 C 250 sx Poz Circ			
		2-3/8"		3140'					

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	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 290	Length of Test 24 Hrs.	Bbls. Condensate/MMCF N/A	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 95	Casing Pressure (Shut-in) 120	Choke Size 48/64

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)  
2-19-80 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
SUPERVISOR DISTRICT I

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.