DICPRIBUTION		
SON, A FE		\Box
FILE		
U.S.G.S.		
IRANSPORTER	OIL	
INANSFORIER	GAS	
OPERATOR		
PRORATION OFFICE		

MEXICO OIL CONSERVATION COMMISSION

Form C -104

	SON. A FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	FILE U.S.G.S.	AUTUODIZATION TO TO	AND			
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
	OIL					
	IRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator Alpha Twenty-One Pr	roduction Company				
	Address					
		Bank Building, Midland,	Texas 79701			
	Reason(s) for filing (Check proper		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry G	as 🔲			
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name	•				
	and address of previous owner					
**	DESCRIPTION OF WELL AN	DIEACE				
	Lease Name	Well No. Pool Name, Including F	Formation Kind of Leas	e Lease No.		
	El Paso-Justis Federa	al "A" l Langlie Matti	x - Queen State, Federa	Plor Fee Federal NM-014097		
	Location			, , , , , , , , , , , , , , , , , , , 		
	Unit Letter I ; 660 Feet From The East Line and 1980 Feet From The South					
				_		
	Line of Section 11	Township 25-S Range	37-E , NMPM, I	ea County		
PFT	DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	45			
124.	Name of Authorized Transporter of	OII cr Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
	1					
	Name of Authorized Transporter of	Casinghead Gas or Dry Gas X	Address (Give address to which appro			
	El Paso Natural Gas C		pany P. O. Box 1492, El Paso, Texas 79978			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en		
	give location of tanks.		No			
		with that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Comple	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	10-25-79	11-19-79	3500	3456 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay			
	3146-G.L. (3156 RKB)	Queen 3102, 3117, 3123, 3129, 31	3083	3244 Depth Casing Shoe		
	1	3203, 3210, 3214, 3221, 32		3500		
	3107, 3170, 3		D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	124"	8-5/8"	408	300 (Circulated)		
	7-7/8"	5½"	3500	650 (Circulated)		
	The same and the s	FOR ALLOWARIE (Test must be	for account of solal values of load oil	and must be equal to or exceed top allows		
٧.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test OTHER TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure	Coming Presents			
	Actual Prod. During Test	Otl-Bbis.	Water-Bbls.	Gas-MCF		
İ						
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	140	24 Hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	N/A Choke Size		
	Testing Method (pitot, back pr.)		110	48/64		
	Pitot	75		ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIA	INCE	OIE CONSERVA	11014 COMMISSION		
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED	<u></u>		
	Commission have been complied	i with and that the information given		Alta		
above is true and complete to the best of		the best of my knowledge and belief.	BY	W DISTRICA I		
•	Tompty Phipps (Signature) Executive Vice President		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for silowable 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-			
•						
	(Title)		able on new and recompleted wells.			
. • •		November 20, 1979		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.		
	ı	(Date)	Separate Forms C-104 mus	t be filed for each pool in multiply		
	a comment comment of the magnet		il completed walls			