

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name El Paso Justis "A" Federal	Well No. 2	Pool Name, including Formation Langlie Mattix-Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0140977
Location				
Unit Letter J	1880	Feet From The South	Line and 1980	Feet From The East
Line of Section 11	Township 25 South	Range 37 East	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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:

IV. 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					
Date Spudded 3-12-80	Date Compl. Ready to Prod. 5-30-80	Total Depth 3450	P.B.T.D. 3405					
Elevations (DF, RKB, RT, GR, etc.) 3133 GL (3143 RKB)	Name of Producing Formation Queen-Seven Rivers	Top Oil/Gas Pay 3084	Tubing Depth 3220					
Perforations 3084, 3090, 3098, 3104, 3109, 3126, 3131, 3138, 3144, 3147, 3152, 3156, 3161, 3220, 3225, 3233, 3238, 17 Perforations (.50 Dia.)			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"	450'	300 sx.Cl.C-Circulated					
7-7/8"	5-1/2"	3450'	325 sx.Cl.C-250 sx.Poz- 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	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 320	Length of Test 24 Hrs.	Bbls. Condensate/MMCF None	Gravity of Condensate N/A
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (shut-in) 85	Casing Pressure (shut-in) 120	Choke Size 48/64

VI. 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
Executive Vice President
5-30-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUN 13 1980

BY

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 this 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.