| BISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE TRANSPORTER OIL GAS OPERATOR | REQUEST | CONSERVATION COMMISS' 1 FOR ALLOWABLE AND INSPORT OIL AND NATURAL | Porm C-104 Supersedes Old C-104 and C-110 Elfoctivo 1-1-65 L GAS | | | | |
|--|---|--|---|--|----------|------------------------|--|
| I. PRORATION OFFICE | | | | | | | |
| Alpha Twenty-One Produ | ction Company | | | | | | |
| Address 2100 First National Ba | nk Building, Midland, I | exas 79701 | | | | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | | | | | |
| New Well X | Change in Transporter of: Oil Dry Ga | s | | | | | |
| Change in Ownership | Casinghead Gas Conder | nsate | | | | | |
| If change of ownership give name | | | | | | | |
| and address of previous owner | | <u></u> | | | | | |
| II. DESCRIPTION OF WELL AND L | EASE Well No. Pool Name, Including F | ormation Oueen Kind of Le | ease Lease No. | | | | |
| El Paso Justis Federal | 2 Langlie Mattix | | eral or Fee Federal LC-060942 | | | | |
| Location P 33 | OFeet From TheSouthLin | e and 660 Feet Eto | om The East | | | | |
| Unit Letter;; | | | m The Last | | | | |
| Line of Section 11 Town | uship 25 South Range 3 | 7 East , NMPM, Le | ea County | | | | |
| II. DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GA | S | | | | | |
| Name of Authorized Transporter of OI | or Condensate | Address (Give address to which app | proved copy of this form is to be sent) | | | | |
| Name of Authorized Transporter of Casi | nghead Gas 📄 or Dry Gas 🌋 | Address (Give address to which app | proved copy of this form is to be sent) | | | | |
| El Paso Natural Gas Comp | | P. O. Box 1492, El Paso, Texas 79978 | | | | | |
| If well produces oil or liquids, Unit Sec. Twp. Fige. Is gas actually connected? When give location of tanks. | | | When 5-8-8- | | | | |
| If this production is commingled with | that from any other lease or pool, | ·/····· | | | | | |
| V. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Eack Same Resty, Diff. Resty, | | | | |
| Designate Type of Completion | | X | | | | | |
| | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| 3-3-80 Elevations (DF, RKB, RT, GR, etc.) | 5-9-80 Name of Producing Formation | 3450 Top Oil/Gas Pay | 3405 Tubing Depth | | | | |
| 3118 GL (3128 RKB) | Seven Rivers - Queen | 3078 | 3125 | | | | |
| | 91, 3100, 3105, 3118, 3 | | | | | | |
| 3148, 3156, 3214, 3 | 220, 3227, 3232 (.50" D TUBING, CASING, AND | CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| <u> </u> | <u>12-3/4"</u> 8-5/8" | <u> </u> | Redimix to Surface 300 sx Cl.C - Circulated | | | | |
| 7-7/8" | 5-1/2" | 3,450' | <u>300 sx C1.C 250 sx Poz</u> | | | | |
| | | | Circulated | | | | |
| V. TEST DATA AND REQUEST FO OIL WELL | RALLOWABLE (Test must be a) able for this de | pth or be for full 24 hours) | bil and must be equal to or exceed top allow- | | | | |
| | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | |
| | - | | | | | | |
| Actual Prod. During Test | 011-Bbls. | Water-Bbls. | Gas - MCF | | | | |
| ll | | | | | | | |
| GAS WELL | | | | | | | |
| Actual Prod. Test-MCF/D 240 | Length of Test 24 Hrs. | Bbls. Condensate/MMCF N/A | Gravity of Condensate N/A | | | | |
| | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | | |
| Pitot | 90 | 110 | | | | | |
| I. CERTIFICATE OF COMPLIANC | E | OIL CONSERV | | | | | |
| 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. | | APPROVED | | | | | |
| | | TITLE | n compliance with RULE 1104. | | | | |
| 1 le re | | If this is a request for all | iowable for s newly drilled or deepened | | | | |
| Tommy Phipps (Signature) Executive Vice President (Title) May 9, 1980 | | 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 sllow- able 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. | | | | | |
| | | | | (Date) | | Separate Forma C-104 m | ust be filed for each pool in multiply |
| | | | | a an | , | completed wells. | |