	NO. DF COPIES AFCEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C -104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS
	Operator Alpha Twenty-One Production Company			
	Address			
	2100 First National B Reason(s) for filing (Check proper box New Well X Recompletion	Change in Transporter of: Oil Dry Go Casinghead Gas Conder	Other (Please explain)	
	If change of ownership give name			
	and address of previous owner			
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	ormation Queen) Kind of Lease	e Lease No.
	El Paso Tom Federal	2 Langlie Mattix	(Seven Rivers-) State, Federa	lor Fee Federal LC 054667
		30 Feet From The West Lin	and 1650' Feet From	The North
	Line of Section 33 Tov	wnship 25S Range	37Е , ММРМ,	Lea County
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas		Address (Give address to which approv	
	Linit Sec. Two, Pre-		P. O. Box 1492, El Paso, Texas 79978	
	If well produces oil or liquids, give location of tanks.		No	
		th that from any other lease or pool,	give commingling order number:	ь.
₩. 	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio		X	
	Date Spudded 3-29-80	Date Compl. Ready to Prod. 7-30-80	Total Depth 3300	P.B.T.D. 3255
		Name of Producing Formation of M	Top Oll/Gas Pay	Tubing Depth
		Seven Rivers Queen 73, 3099, 3101, 3102, 31	<u>3062</u> 18 3119 3120 3124	3110 Depth Casing Shoe
	3136, 3138, 3162, 3163, 3168, 3170 - 16 Shots-One Shot Per Foct(.50 Dia.) 3300			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT Redimix to Surface
ł	12-1/4	8-5/8	454	300 Sx.Cl.C-Circulate
-	7-7/8	5-1/2	3300	300 Sx.Cl.C 250 Sx.
، ا	TEST DATA AND REQUEST FO	DRALLOWABLE (Test must be at	i fter recovery of total volume of load oil (Pozmix -Circulate
	OIL WELL Date First New Oil Bun To Tanks	able for this de Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	· · · ·
			Troducing worned (r row, pamp, Bar of	,,
Ţ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
┝	Actual Prod. During Test	011-Bbls.	Water - Bbls.	Gae-MCF
	······································			
_	GAS WELL			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Ļ	320 Testing Method (pitot, back pr.)	24 Hrs. Tubing Pressure (shut-in)	-0- Casing Pressure (Shut-in)	N/A Choke Size
	Pitot	90	120	48/64
и. (CERTIFICATE OF COMPLIANC	CE	OIL CONSERVA	TION COMMISSION
_	hereby certify that the rules and regulations of the Oil Conservation		APPROVED 40820,1980 19	
Č	hereby certify that the rules and for Commission have been complied w bove is true and complete to the	ith and that the information given	BY Little Ctores	
4	to the whit complete to the	or any knowledge with beitelt	SPERVISOR DISTRICT	
	Ω		THE Form is to be filed in compliance with RULE 1104.	
	5/ Mm		If this is a request for allow	able for a newly drilled or deepened
	Tommy Phipps (Signature)		well, this form must be accompar tests taken on the well in accord	hied by a tabulation of the deviation
-	Executive Vide President	(Title)		st be filled out completely for allow-
	7-30-80		han er i transminister	