

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Alpha Twenty-One Production Company

Address  
P.O. Box 1206, Jal, NM 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Notice of Connection to Gas Gathering Facility	
<input type="checkbox"/> 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

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name Buckskin Federal	Well No. 1	Pool Name, including Formation Dollarhide-Tubb Drinkard	Kind of Lease State, Federal or Fee Federal	Lease No. 30-040 658
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>24S</u> Range <u>38E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

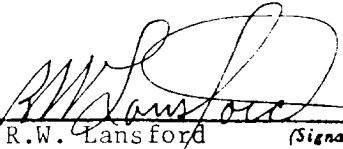
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Getty Trading and Transportation Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 18	Twp. 24S	Rge. 38E	Is gas actually connected? Yes	When January 1982

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

NOTE: Complete Parts IV and V on reverse side if necessary.

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
R.W. Lansford (Signature)  
Vice President/Energy Resources  
(Title)  
September 17, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 21 1984, 19\_\_\_\_  
BY ORIGINAL MEMBER OF HARRY BERTON  
DISTRICT SUPERVISOR  
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.