STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Twenty-One Production Company

Address: 500 First National Bank Bldg., Midland, TX 79701

Reason(s) for filing (Check proper box)
- New Well
- Recompletion
- Change in Ownership

Change in Transporter of: Oil, Dry Gas, Casinghead Gas, Condensate

Other (Please explain): effective 1-1-83 Western Crude Oil, Inc. name changed to Getty Trading and Transportation Co.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Jackskin Federal	2	Dollarhide Queen	Federal	30-040658

Unit Letter N : 554 Feet From The South Line and 1874 Feet From The West

Line of Section 18 Township 24S Range 38E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Getty Trading and Transportation Company
Address (Give address to which approved copy of this form is to be sent): P.O. Box 1142, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: 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, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	18	24S	38E	No	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

(Signature)

Controller
(Title)

1/26/83
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 31 1983, 19

ORIGINAL SIGNED BY EDDIE SEAY

BY

TITLE OIL & GAS INSPECTOR

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.

Form 3160
(Dec. 1983)

UNITED STATES — SUBMIT IN DUPLICATE
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.
NM 40628

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other

RECEIVED
DEC 24 1980

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Buchanan Federal

2. NAME OF OPERATOR
Alpha Twenty-One Production Company

9. WELL NO.
2

3. ADDRESS OF OPERATOR
2100 First National Bank Building, Midland, Texas 79701

10. FIELD AND POOL, OR WILDCAT
Ballarhide - Queen

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 554' FSL, 1874' FWL, Sec. 18, T24S, R38E, Lea County, New Mexico
At top prod. interval reported below
At total depth

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 18, T24S, R38E

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
	8-28-80	Lea	N. M.

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
10-6-80	10-15-80	12-20-80	3174 G.L.	3174

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
4,000	3954		——→	4,000	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
3761-3809 - Penrose (Queen)

25. WAS DIRECTIONAL SURVEY MADE
Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Forxo Gunrd, CDL-Neutron - GR

27. WAS WELL CORED
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
12-3/4		30	15	Redimix to Surface	
9-5/8		418	12¼	250 sx.Cl.C 2% Cacl.,Circ. 100 sx.	
8-1/2		4,000	8½	800 sx.Econo,14#Lt.Cacl & ¼Lb.Flocele	
				400 sx.50-50 Pozmix,9Lb.Salt,¼Lb.Flocele	
				Circ. 150 sx.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	3811	None

31. PERFORATION RECORD (Interval, size and number of)
3761, 3767, 3772, 3773, 3774, 3776, 3799, 3802, 3805, 3807, 3809 - 11 Perforations (.45 Dia)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3761-3809	2000 Gals. 15% Demud.
3761-3809	50,000 Gals. Frac Fluid and
	110,000 Lbs. Sand

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
12-20-80	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-20-80	24	48/64	——→	35	20	10	571/1

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
-0-	210	——→	35	20	10	35 (Est.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Vented

TEST WITNESSED BY
R. Lansford

35. LIST OF ATTACHMENTS
Deviation Survey & Electric Logs

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Tommy Phillips TITLE Executive Vice President DATE 12-23-80

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
				Rustler Anhydrite	1255	1255
				Tansil	2595	2595
				Yates	2823	2823
				Queen	3618	3618

U.S. GOVERNMENT PRINTING OFFICE: 1962 — O-633636

Well Name & Number: Buckeye Federal #2

Location: 554 FSL 1674 FWL Sec. 18-24-33
(Give Unit, Section, Township and Range)

Operator: Alpha 21, 2100 First National Bank Bldg., Midland, Texas 79701

Drilling Contractor: Kenai Drilling of Texas, Inc., P.O. Box 6725, Odessa, Texas 79762

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees @ Depth		Degrees @ Depth	Degrees @ Depth	Degrees @ Depth
1/4	405			
1 1/4	922			
1	1473			
1 1/4	1988			
1 1/4	2441			
1 1/2	2927			
1	3422			
1 3/4	4000			

Drilling Contractor Kenai Drilling of Texas, Inc.

By _____
Robert A. Smith
Drilling Engineer

Subscribed and sworn to before me this 30th day of October, 19 80

_____
Notary Public Barbara J. LaBrone

My Commission Expires 8-22-81 Ector County Texas

Form 15-36A (11-65)

EL PASO NATURAL GAS COMPANY

DATE 7/22 19 81

CORRECTED COPY *

ADVICE ON WELLS TIED INTO GAS GATHERING SYSTEMS

Name of Producer	Alpha 21 Production Company (0106)
Well Name and Number	Buckskin Federal #2
Location	554'FSL, 1874'FWL, Sec. 18, T-24-S, R-38-E, Lea County, NM
Pool Name	Dollarhide - Queen (120)
Producing Formation	Queen
Top of Gas Pay	3,761'
Oil or Gas Well	Oil
Gas Unit Allocation	40 Acres
Date Tied Into Gathering Systems	1/5/81
Date of First Delivery	1/5/81
Gas Gathering System	* Union Dollarhide Gathering System
Processed through Gasoline Plant (yes or no)	Yes - Jal Complex
Station Number	68-151-01

Remarks:

Site Code: 30882-0-01

By: Travis R. Elliott, Dispatching