

LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

Alpha Twenty-One Production Company

Address

P.O. Box 1206, Jal. NM 86152

Producers for filing (Check proper box)

New Well

☒

Change in Transportation

Oil

Gas

Recompletion

☐

Change in Ownership

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Operator	Lease No.
Buckskin Federal	6	Dollarhide-Tubb Drinkard	NM40658
Location			
Unit Letter	0	2310	Feet From The East 330
Feet From The South			
Line of Section	18	24-1	38-E
Lea			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)
Western Crude Oil, Inc.	P.O. Box 1142, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 1492, El Paso, TX 79978
If well produces oil or hydrocarbons, give location of tanks.	When
Yes	9-13-82

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

COMPLETION DATA

Designate Type of Completion - (X)	New Well	Workover	Deepen	Plug Back	Same Rest.	Drill. Rest.
X						
Date of Completion	Date Compl. Ready to Produce	Total Depth	P.B.T.D.			
6-16-82	8-23-82	6810'	6743'			
Elevations (D.F., R.R.B., RT, etc.)	Name of Producing Formation	Top Oil/Gas Log	Tubing Depth			
3180' GL	Drinkard	6716'	6741'			
Perforations	Depth Casing Shoe					
6716, 6718, 6720, 6722, 6724, 6725	6811'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12-3/4"	30'	Redimix to Surface
12-1/2"	8-5/8"	1263.27'	700 sx
7-7/8"	5-1/2"	6811.49'	2410 sx

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 allow. test for 24 hours or be for full 24 hours)

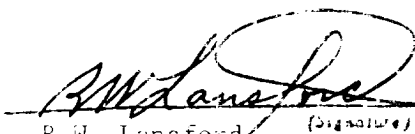
Date First New Oil Run To Tanks	Date of Test	Producing Method (Pump, gas lift, etc.)	
8-23-82	9-6-82	Pump - American 28	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	pump	10	48/64
Actual Prod. During Test	Oil-EGS	Water-EGS	Gas-MCF
57	18	39	30

GAS WELL

Actual Prod. Test-MCF/24	Length of Test	EGS, Condensate/MWCF	Gravity of Condensate
Testing Method (Pilot, back prod.)	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.

R.W. Lansford
Vice President/Energy Resources

9-22-82

OIL CONSERVATION DIVISION

APPROVED _____, 1982

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 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 must be filed for each pool to make completion allowable.