

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

I.

Operator Alpha Twenty-One Production Company	
Address P.O. Box 1206, Jal, NM 88252	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change In Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name El Paso Tom Federal	Well No. 5	Pool Name, including Formation Jalmat Gas	Kind of Lease State, Federal or Fee Federal	Lease No. 054667
Location Unit Letter <u>E</u> : <u>660</u> Feet From The <u>WEST</u> Line and <u>1650</u> Feet From The <u>NORTH</u> Line of Section <u>33</u> Township <u>25-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) One Petroleum Center, Building 6 3300 North Avenue A, Midland, TX 79705	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No	

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.

VI. 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.

Michael D. Oney by: Joni Cates
Michael D. Oney (Signature)
Drilling Superintendent
(Title)
May 3, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 19 1984, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
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.

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well XX	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-21-84	Date Compl. Ready to Prod. 2-29-84		Total Depth 3210'		P.B.T.D. 3137'				
Elevations (DF, RKB, RT, GR, etc.) 3000.0 GL	Name of Producing Formation Yates		Top Oil/Gas Pay 2521'		Tubing Depth 2781.04'				
Perforations 2521, 2522, 2524, 2526, 2527, 2548, 2550, 2552, 2561, 2569, 2588, 2590, 2592, 2609, 2617, 2620, 2622, 2630, 2632, 2634, 2638, 2646, 2656, 2668, 2670, 2680, 2684, 2686, 2697		TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 382.40'		SACKS CEMENT 250 sx Cl C				
7-7/8"	5-1/2"		3198.61'		850 sx Hal/Lite &				
					250 sx 50/50 Poz C,				
					Circ.				

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)

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

AS WELL

Actual Prod. Test - MCF/D 500	Length of Test 24 hours	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) pump	Casing Pressure (Shut-in) 65	Choke Size 32/64

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MAY 9 1984

O.C.D.
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