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

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. Operator**  
 Union Texas Petroleum Corporation  
 Address  
 4000 N. Big Spring, Suite 500, Midland, TX 79705

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Langlie-Jal Unit	Well No. 101	Pool Name, including Formation Langlie Mattix (7-R-Queen)	Kind of Lease State, Federal or Fee	State	Lease No. B-1327
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Location  
 Unit Letter L ; 2540 Feet From The South Line and 1250 Feet From The West  
 Line of Section 32 Township 24S Range 37E , NMPM, Lea 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"/> Shell Pipeline Corp. Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79701
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 79910

If well produces oil or liquids, give location of tanks.      Unit      Sec.      Twp.      Rge.      Is gas actually connected?      When

G      5      25S      37E      yes      Nov. 8, 1984

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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Date Spudded 10/3/84	Date Compl. Ready to Prod. 11/7/84	Total Depth 3750	P.B.T.D. 3715
Elevations (DF, RKB, RT, GR, etc.) 3234 GR, KB 3246	Name of Producing Formation Seven Rivers-Queen	Top Oil/Gas Pay 3175	Tubing Depth 3595
Perforations 3175-3401 (75), 3466-3577 (60), 3672-3579 (15)			Depth Casing Shoe 3750

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	800	300
7-7/8	5-1/2	3750	750

**V. 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 able for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 11/7/84	Date of Test 12/12/84	Producing Method (Flow, pump, gas lift, etc.) pumping 2-1/2"x 2"x 20'	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size ----
Actual Prod. During Test	Oil-Bbls. 58	Water-Bbls. 420	Gas-MCF 47

**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

**VI. CERTIFICATE OF COMPLIANCE**

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

  
 Regulatory Compliance Coordinator  
 (Title)  
 December 13, 1984  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED DEC 21 1984, 19 \_\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I 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 deepene well, this form must be accompanied by a tabulation of the deviatric tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allow able on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio  
 Separate Forms C-104 must be filed for each pool in multip completed wells.

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