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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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**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

Operator: UNION TEXAS PETROLEUM CORPORATION

Address: 1300 Wilco Building, Midland, Texas 79701

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 <u>Langlie - Jal Unit</u>	Well No. <u>94</u>	Pool Name, Including Formation <u>Langlie-Mattix (Queen)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 0140978</u>
Location				
Unit Letter <u>0</u>	<u>990</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>17</u>	Township <u>25-S</u>	Range <u>37-E</u>	<u>NMPM</u> , <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"/> <u>Shell Pipeline Company</u> <u>Texas - New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910, Midland, Texas 79701</u> <u>Box 1510, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492, El Paso, Texas 79910</u>
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>5</u> Twp. <u>25-S</u> Rge. <u>37-E</u> Is gas actually connected? <u>Yes</u> When <u>3-1-62</u>

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	Workover <input checked="" type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded <u>10-9-52</u>	Date Compl. Ready to Prod. <u>3-2-75</u>	Total Depth <u>3567'</u>	P.B.T.D. <u>3533'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3101 GR</u>	Name of Producing Formation <u>Seven-Rivers (Queen)</u>	Top Oil/Gas Pay <u>3307'</u>	Tubing Depth <u>3503'</u>					
Perforations: w/1 JSPP 3307' : 3311' : 3315' : 3319' : 3343' : 3356' : 3360' ; 3369' : 3397' - 3402' : 3432' - 3518' 3450' : 3457' : 3465' : 3471' - 75' ; 3488' - 92' ; (Total 32 Holes) also w/1 JSPP at 3339'						Depth Casing Shoe - -		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
N.A.	9-5/8"	321'	150Sx.					
8-3/4"	7"	3137'	350Sx.					
6-1/8"	4-1/2"	3567'	150Sx.					
	2-7/8"	3503'	- - -					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run to Tanks <u>3-2-75</u>	Date of Test <u>3-3-75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>49.6</u>	Water - Bbls. <u>99.6</u>	Gas - MCF <u>TSTM</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Stanley A. Post
GAS MEASUREMENT ANALYST

March 4, 1975

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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 C-104 must be filed for each pool in multiply completed wells.