DISTRIBUTIO	]		
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			
Operator			

II.

m.

IV.

VI.

February 26, 1971

(Title)

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C -104 Supersedes Old C-104 and C-110

FILE	]			AND			Effective 1-1-	-65
U.\$.G.S.	AUTHO	DRIZATION T	O TRA		OIL AND N	NATURAL	GAS	
LAND OFFICE	4							•
TRANSPORTER OIL	4		-					
OPERATOR GAS	4				4.		•	•
PRORATION OFFICE	1				4			· •
Operator	<u> </u>	<del></del>			<del></del>			
UNION TEXAS PETROLEUM	CORPORATI	ON						t tea Total
Address			<del> </del>				<del></del>	
1300 WILCO BUILDING, M		EXAS 79	701					
Reason(s) for filing (Check proper box,					Other (Please			
New Well	_	Transporter of:		_	j -		e and No. from:	28.3
Recompletion Change in Ownership X	Otl	_,	Dry Gas		i	herrel1		
Change in Ownership[A]	Casinghe	ad Cas	Conden	sale	Filecti	ve 3-1-	/1	
If change of ownership give name	Ske1	. <b>1</b> y Oil Cor	many.	Box 1	351 Mid1	and Te	vac 70701	
and address of previous owner		.27 011 001	apany,	DOR I	JJI, FIIGI	and, 16	AdS / 9/UI	
DESCRIPTION OF WELL AND	LEASE							
Lease Name		Pool Name, Inc	luding Fo	rmation		Kind of Lea	ise ·	Lease No.
LANGLIE-JAL UNIT	<b>2</b> 7	Langlie-	-Matti	x		State, Fede	ral or Fee Fee	
Location	_						·	
Unit Letter P ; 660	) Feet Fro	m The Sout	h_Line	e and	660	Feet From	n The East	
21	<b>^</b>			07				
Line of Section 31 Tax	wnship 24	-S Ra	nge	37-E	, NMPM		Lea	County
DESIGNATION OF TRANSPORT	TED OF OU	AND NAME		•			•	
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil		AND NATUR	AL GA		(Give address t	o which appr	roved copy of this form is	to be sent?
Texas-New Mexico Pipel						• •	exas 79701	,
'Name of Authorized Transporter of Cas		•					roved copy of this form is	to be sent)
El Paso Natural Gas Co	mpany	-		Box	-1492, E1	Paso.	Texas 79910	<del>-</del>
If well produces oil or liquids,	Unit Sec.	Twp.	Pge.		tually connecte		/hen	***
give location of tanks.	J 3	1 24-S	37-E			Yes	1-3-64	
If this production is commingled wit COMPLETION DATA	th that from an	y other lease	or pool,	give comm	mingling order	number:		
The second of th		ii Weli Gas	s Well	New Well	Workover	Deepen	Plug Back Same Re	stv. Diff. Res'v.
Designate Type of Completion	m = (X)	i		i		-		į
Date Spudded	Date Compl. P	Ready to Prod.		Total De	pth	·	P.B.T.D.	
	<u> </u>							
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Formation	-	Top O11/	Gas Pay		Tubing Depth	
Perforations	<u> </u>			<u> </u>		<del></del>	Banki (Santa a Chan	
Periorations			_				Depth Casing Shoe	
		UBING, CASIN	IC AND	CENEN	TING PECOP	<u>n</u>		
HOLE SIZE	T	& TUBING SI		CEMEN	DEPTH SE		SACKS CE	
	-	-	<del></del>	1		<del></del>		
								<del></del>
	,				···	· · · · · · · · · · · · · · · · · · ·		
TEST DATA AND REQUEST FO	OR ALLOWA	BLE (Test m	ust be af	ter recove	ry of total volu	me of load oi	ll and must be equal to or	exceed top allow
OIL WELL			r this de		or full 24 hours			
Date First New Oil Run-To Tanks	Date of Test			Producin	g Method (Flow	, pump, gas	lift, etc.)	
	Tubia Dana			Coole - D			I Chala Stan	
Length of Test	Tubing Pressu	n.e.	-	Casing P	tessme		Choke Size	
Actual Prod. During Test	Qil-Bbis.	· · · · · · · · · · · · · · · · · · ·		Water - B	ols.		Gas - MCF	·
							,	
	<u></u>	<del></del>	<del> '</del>	J				<del></del>
GAS WELL								•
Actual Prod. Test-MCF/D	Length of Tes	it	. 4	Bbls. Co	ndensate/MMCI	•	Gravity of Condensat	•
	<u> </u>	,.	·					
Testing Method (pitot, back pr.)	Tubing Pressu	re (Shut-in)		Casing P	tessure (Shut-	-in)	Choke Size	<u>.</u> *
	<u> </u>			<b></b>		<del></del>		· · · · · · · · · · · · · · · · · · ·
CERTIFICATE OF COMPLIANCE	CE				OIL	CONSERV	ATION COMMISSIO	N
				AB5-	OVEDN	IAR S	R 1971	10
I hereby certify that the rules and r Commission have been complied w				AFPR			7	, 13
above is true and complete to the				BY	- XI	n w.	1 unjan	<u>}</u>
		•		TITLE	/ r	eologist	0	
2	0 1			1			•	
D. M. 19	Kie Tu			1			compliance with RUL	
D. M. Douch	ature) /			Well. t	this is a requ his form must	lest for allo	owable for a newly dril panied by a tabulation	of the deviation
Administrative Unit Coc	ordinator			tests t	aken on the	well in acc	ordance with RULE 11	11.

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.