		$\frown$	-4			
	The OFF CONTENSES	1 · · · ·	ning and an and an	. •		
	DISTRIBUTION		CONSERVATION COMMISSION	Form C-104		
	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11		
	FILE	4	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	AJ		
	OIL	4		•		
	TRANSPORTER GAS					
	OPERATOR					
I.	PRORATION OFFICE	l	·			
		CODDORS		•		
	UNION TEXAS PETROLEUM	CORPORATION	•			
	1300 WILCO BUILDING, M	AIDLAND, TEXAS 79701				
	Reason(s) for filing (Check proper box	)	Other (Please explain)			
	New Well	Change in Transporter of:	Change Well Name			
	Recompletion					
	Change in Ownership X	Casilinghead Gas Conder	nsate Effective 3-1-7			
	If change of ownership give name ,	Texaco, Inc., Box 728,				
	and address of previous owner	Texaco, Inc., Box 728,	HODDS, New Mexico 88240			
Π.	DESCRIPTION OF WELL AND	LEASE				
	Loose Name	Well No. Pool Name, Including F		Lease no.		
	LANGLIE-JAL UNIT	15 Langlie Mat	tix State, Federal	or Fee Federal LC032592-		
	Location			· · ·		
	Unit Letter_L ; 198	30 From The South Lir	ne and <u>660</u> Feet From T	he West		
	Line of Section 31 Tow	vnship 24 S Range	37 E , NMPM, L	3a County		
DI.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	None of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)		
	Téxas New Mexico Pipeli		Box 1510, Midland, To	exas 79701		
	Name of Authorized Transporter of Cas	singhead Gers 🔲 or Dry Gas 🗍	Address (Give address to which approv	ed copy of this form is to be sent)		
	None					
•	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n		
•		L 31 24 S 37 E				
<b>t</b> V	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	$\mathbf{n} - (\mathbf{X})$				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe		
		TUBING, CASING, ANI	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	1 y - 1 - 1 - 1	· _ · · ·				
		1				
w	TEST DATA AND REQUEST FO			L		
	OIL WELL	able for this de	iter recovery of total volume of load oil a sphere of load oil a sphere of the for full 24 hours)	nd must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	e, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Jil-Bhim.	Water-Bbls.	Gga - MCF		
	••••••••••••••••••••••••••••••••••••••	J	·			
	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)			
	resund Retrot (publ, sick pr.)	I moud theesens ( PUIC-IN )	Comp Pressure ( Shut-In )	Choke Size		
VT	CERTIFICATE OF COMPLIAN	L				
₩ 844	CERTIFICATE OF COMPLIANO	<b>, E</b> .				
	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 off my knowledge and belief.		APPROVED MAR 3	19/		
·				Alm Man		
			Geologist	ungan		
•		- 7	TITLE			
	8,000 1 4		This form is to be filed in c	ompliance with RULE 1104.		
	R. M. Daugherty		If this is a request for allowable for a newly drilled or deepened			
	Administrative Unit Coordinator		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 allow			
	(Tu February 26, 1971	(e)	able on new and recompleted we	1.		
	(Deta)		Fill out only Sections I. II. III, and VI for changes of owner,			

February	26,	1971	
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All sections of this form must be inted out completely, able on new and recompleted wells. Fill out only Sections I. H. III, and VI for changes of own 1

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