تتعليب المسائد والديهراء فالعفاء الدارا والدواري	** ***	and the same of	
NO. OF COPIES RECI	IVED	į	
DISTRIBUTION			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

I.

II.

II.

V.

v.

VI.

(Title)

(Date)

March 6, 1972

NEW MEXICO OIL CONSERVATION COMMISS: , REQUEST FOR ALLOWARIE

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

FILE	REQUEST	AND	Effective 1-1-65		
u.s.g.s.	AUTHORIZATION TO TRANSPORT OIL: AND NATURAL GAS				
LAND OFFICE					
TRANSPORTER GAS	_				
OPERATOR					
PRORATION OFFICE					
Operator UNION TEXAS	S 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:	Change name from	om:		
Recompletion V	Oil Dry Ga	Bill Doale Me			
Change in Ownership A	Casinghead Gas Conder	Effective Marc	h 1, 1972		
If change of ownership give name and address of previous owner	Continental Oil Compar	ny - P. O. Box 460 - Hobb	os, New Mexico 88240		
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.		
Langlie-Jal Unit	21 Langlie Matti		or Fee State		
Location					
Unit Letter	Feet From The South	e and 1980 Feet From 1	he East		
Line of Section 32 To	wnship 24-S Range 37	'-E , NMPM, Les	L County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıs			
Name of Authorized Transporter of Ci	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)		
Texas-New Mexico Pipel	2 0	P. O. Box 1510, Midlar			
Name of Authorized Transporter of Ca El Paso Natural Gas Co	· · · · · · · · · · · · · · · · · · ·	Address (Give address to which approx P. O. Box 1492, El Pas			
If well produces oil or liquids,	Unit Sec. Twp. Rge. J 32 24-S 37-E	Is gas actually connected? Whe	en .		
give location of tanks. If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	5-18-55		
COMPLETION DATA			21 2 1 1 2 2 1 1 2 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1		
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
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			Depth Casing Shoe		
	TUDING CASING AND	CENENTING DECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
11000 3120	OAGINO U POSINO SIZZ				
TEST DATA AND REQUEST F	OR ALLOWARIE (Test must be a	for recovery of total volume of load oil	and must be equal to or exceed top allow-		
OIL WELL	able for this de	pth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
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		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAR 8 1972 , 19			
I hereby certify that the integrations of the oil competitution					
			BY		
		TITLE Dist. I, Supv.			
0 /	+		compliance with RULE 1104.		
D. M. Dougher	4	If this is a request for allow	able for a newly drilled or deepened		
Administrative Unit Coordinator tests taken on the well in accordance with RULE		dance with RULE 111.			
		II the second second and a second sec	we ha filled out completely for allow-		

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

RECEIVED

MALE THEFE
OIL CONSERVATION COMM.
HOBBS, N. M.