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

Operator UNION TEXAS PETROLEUM CORPORATION	
Address 1300 Wilco Building, Midland, Texas 79701	
Person(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <i>add casinghead gas</i>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie-Jal Unit	Well No. 44	Pool Name, Including Formation Langlie-Mattix (Queen)	Kind of Lease State, Federal or Foreign Federal	Lease No. LC 052956
Location				
Unit Letter E	2310	Feet From The North	Line and 990	Feet From The West
Line of Section 4	Township 25-S	Range 37-E	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 Co.	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701 Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79910					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 5	Twp. 25-S	Rge. 37-E	Is gas actually connected? Yes	When 12-18-59

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 3-2-39	Date Compl. Ready to Prod. 4-6-74	Total Depth 3514'	P.B.T.D. ---					
Elevations (DF, RKB, RT, GR, etc.) 3218' DF	Name of Producing Formation Seven-Rivers (Queen)	Top Oil/Gas Pay 3345'	Tubing Depth 3381'					
Perforations Did not perforate (Open hole from 3345 to 3514')			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
NA	13"	140'	100 Sx.					
NA	9 5/8"	1221'	300 Sx.					
NA	7"	3345'	300 Sx.					
	2 3/8" (Tubing)	3381'						

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 4-6-74	Date of Test 4-13-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure -0-	Choke Size ---
Actual Prod. During Test 24	Oil-Bbls. 17	Water-Bbls. 17	Gas-MCF TSTM

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
(Signature)
Gas Measurement Analyst
(Title)
July 25, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED Joe D. Ramey, 19
BY Joe D. Ramey
TITLE Dist. I, Supv.

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.