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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	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Re-completion <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"/>

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

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Langlie-Jal Unit	Well No. 36	Pool Name, including Formation Langlie-Mattix (Queen)	Kind of Lease State, Federal or Fee Federal	Lease No. LC -55546
Location				
Unit Letter C	660	Feet From The North	Line and 1980	Feet From The West
Line of Section 5	Township 25-S	Range 37-E	NMPM, Lea	County

II. 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 C	Sec. 5	Twp. 25-S	Rge. 37-E	Is gas actually connected? Yes	When 3-1-62

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-7-38	Date Compl. Ready to Prod. 3-20-74	Total Depth 3600'	P.B.T.D. ---					
Elevations (DF, RKB, RT, GR, etc.) 3259' DF	Name of Producing Formation Seven-Rivers (Queen)	Top Oil/Gas Pay 3229'	Tubing Depth 3371'					
Perforations w/2 JSPF 3266-68, 3229-32, 3317-22, 3324-26, 3334-38, 3341, 3345, 3352-56, 3360-76, 3396, 3402-10, 3416, 3422-26, 3460-68, 3476-78, 3486-98, 3504, 3508-16, 3524-38. (Total 208 holes)		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
NA	9 5/8"	1194'	500 Sx.					
NA	7"	3376'	300 Sx.					
6 1/2"	4 1/2"	3597'	300 Sx.					
	2 3/8" (Tubing)	3371'						

VI. 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 3-31-74	Date of Test 4-28-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Flowing Pressure -0-	Casing Pressure -0-	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 12	Water-Bbls. 3	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

VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 1974	
Stanley A. Post (Signature)		BY _____	
Gas Measurement Analyst (Title)		TITLE _____	
July 25, 1974 (Date)		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.	