

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

**I. Operator**  
**UNION TEXAS PETROLEUM CORPORATION**  
**Address**  
**1300 WILCO BUILDING, MIDLAND, TEXAS 79701**

**Reason(s) for filing (Check proper box)**  
 New Well ☐      Change in Transporter of:  
 Recompletion ☐      Oil ☐      Dry Gas ☐  
 Change in Ownership ☒      Casinghead Gas ☐      Condensate ☐

**Other (Please explain)**  
Change Well Name and No. from:  
Wells No. 6  
Effective 3-1-71

If change of ownership give name and address of previous owner Union Texas Petroleum Corporation, Midland, Texas

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> LANGLIE-JAL UNIT	<b>Well No.</b> 48	<b>Pool Name, including Formation</b> Langlie-Mattix	<b>Kind of Lease</b> State, Federal or Fee      Federal	<b>Lease No.</b> 055546
<b>Location</b> Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>25-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company	<b>Address (Give address to which approved copy of this form is to be sent)</b> Box 1910, Midland, Texas 79701
<b>Name of Authorized Transporter of Casinghead Gas</b> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	<b>Address (Give address to which approved copy of this form is to be sent)</b> Box 1384, Jal, New Mexico 88252
<b>If well produces oil or liquids, give location of tanks.</b> Unit <u>C</u> ; Sec. <u>5</u> ; Twp. <u>25-S</u> ; Rge. <u>37-E</u>	<b>Is gas actually connected?</b> <u>Yes</u> <b>When</b> <u>3-1-62</u>

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

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
<b>Date Spudded</b>	<b>Date Compl. Ready to Prod.</b>		<b>Total Depth</b>		<b>P.B.T.D.</b>			
<b>Elevations (DF, RKB, RT, GR, etc.)</b>	<b>Name of Producing Formation</b>		<b>Top Oil/Gas Pay</b>		<b>Tubing Depth</b>			
<b>Perforations</b>					<b>Depth Casing Shoe</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**V. TEST DATA AND REQUEST FOR ALLOWABLE** (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)

<b>Date First New Oil Run To Tanks</b>	<b>Date of Test</b>	<b>Producing Method (Flow, pump, gas lift, etc.)</b>	
<b>Length of Test</b>	<b>Tubing Pressure</b>	<b>Casing Pressure</b>	<b>Choke Size</b>
<b>Actual Prod. During Test</b>	<b>Oil-Bbls.</b>	<b>Water-Bbls.</b>	<b>Gas-MCF</b>

**GAS WELL**

<b>Actual Prod. Test-MCF/D</b>	<b>Length of Test</b>	<b>Bbls. Condensate/MMCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (pilot, back pr.)</b>	<b>Tubing Pressure (Shut-in)</b>	<b>Casing Pressure (Shut-in)</b>	<b>Choke Size</b>

**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.

H. M. Dougherty  
Administrative Unit Coordinator

February 26, 1971

(Title)

(Date)

**OIL CONSERVATION COMMISSION**

**MAR 3 1971**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY John W. Runyan

TITLE Geologist

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.

RECEIVED

MAR 21 1971

OIL CONSERVATION COMM.  
WASH., D. C.