	-	· · · · · · · · · · · · · · · · · · ·		
	DISTRIBUTION SANTA FE	1		Form C-104 Supersedes Old C-104 and C-11
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (3AS
	IRANSPORTER OIL GAS			
•	OPERATOR PRORATION OFFICE			
1.	Operator	I	· · · · · · · · · · · · · · · · · · ·	······
	UNION TEXAS PETROLEUM	CORPORATION	· · · ·	
	1300 WILCO BUILDING, M	IIDLAND, TEXAS 79701		
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Woll	Change in Transporter of:	Change Well Name	and No. from:
	Recompletion	Otl Dry Gas		-
	Change in Ownership X	Cassinghead Gas Conden:	sate Effective 3-1-7	1
	If change of ownership give name		. 10/0	
	and address of previous owner	exas Pacific Oil Company	Box 1069, Hobbs, New I	lexico 88240
п	DESCRIPTION OF WELL AND	IFASE	•	
	Lease Name	Well No. Pool Name, Including Fo		
	LANGLIE-JAL UNIT	51 Langlie Matti	State, Federa	l or Fee Federal LC055546
	Location	······································		
	Unit Letter F ; 198	0 Feet From The North Line	and <u>1980</u> Feet From '	The West
	Line of Section 6 Tow	vnship 25 S Range	37 Е , МАРМ.	Lea County
***	PECION ATION OF THANSPORT	TED OF OUT AND NATURAL CA	e	
ш.	Name of Authorized Transporter of Oll	TER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is so be sent)
	Texas New Mexico Pipel		Box 1510, Midland,	Foras 79701
	'Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
	El Paso Natural Gas Company Box 1492, El Paso, Texas 79910			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	
	give location of tanks.	E 5 25 S 37 E	Yes	7 - 5 - 61
		th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back 'Same Res'v. Diff. Res'v.
	Designate Type of Completic	on - (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			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · ·	
				1
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	ter recovery of total volume of load oil	and must be equal to or exceed top allou
	OIL WELL able for this depth or be for full 24 hours; Date First New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Date First New OII Run 16 1 dates		producing Manual (,,,,
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		-		· · · ·
	Actual Prod. During Test	Oil-Bbie.	-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
	seating Meriod (prot, odck pr.)	. mund Erseen a (Sunc-In)		
1 /1		CF	OUL CONSERVA	A THOMASSION
₩1.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATIONISSION	
	I bereby certify that the fules and regulations of the Oli Conservation i		APPROVED, 19	
	Commission have been complied with and that the information given i		Later 1.1	Kunson
	above is true and complete to the best of my knowledge and belief.		BY	
		2/	TITLE Geologis	٠
	en a it		This form is to be filed in compliance with RULE 1104.	
	F. M. Drighterly		If this is a request for allo	weble for a newly drilled or deepene
	Administrative Unit Coordinator		well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.	

,

(Title)

(Date)

February 26, 1971

All sections of this form must be filled out completely for allow able 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 multipl

RECEVED

MAR 21971 OIL CONSERVATION COLM. HODDO, N. M.