

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 1-1-55

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:
J. W. Sherrell No. 3
Effective 3-1-71

If change of ownership give name and address of previous owner Skelly Oil Company, Box 1351, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name LANGLIE-JAL UNIT	Well No. 33	Pool Name, including Formation Langlie-Mattix	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East Line of Section 6 Township 25-S Range 37-E , NMPH , 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 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 Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, Midland, Texas 79910
If well produces oil or liquids, give location of tanks. Unit N/A Sec. 21 Twp. 24-S Rge. 37-E	Is gas actually connected? Yes When 12-11-53

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			

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	Date of Test	Producing Method (Flow, pump, gas lift, 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

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.

J. M. Dougherty
(Signature)
Administrative Unit Coordinator

February 26, 1971

(Title)

OIL CONSERVATION COMMISSION

APPROVED MAR 3 1971, 19

BY *John W. Ringman*
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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name, or transporter, or other such change of conditions.