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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	- AND INSPORT OIL AND NATURAL (GA S	
LAND OFFICE				
TRANSPORTER GAS	-			
OPERATOR GAS	-			
PRORATION OFFICE				
Operator UNION TEXAS PETROLEUM	CORPORATION			
Address				
1300 WILCO BUILDING, Reason(s) for filing (Check proper bo.		. Other (Please explain)		
New Well	Change in Transporter of:	Change Well Name	and No. from:	
Recompletion	Oil Dry Ga	s 🔲 Jal # 1		
Change in Ownership X	Casinghead Gas Conden	Effective 3-1-7	1	
f change of ownership give name and address of previous owner	Union Texas Petroleum C	orporation, Midland, Te	xas 79701	
DESCRIPTION OF WELL AND	LEASE. Well No.: Pool Name, Including Fo	ormation Kind of Leas	e Lease No.	
LANGLIE-JAL UNIT	74 Langlie Matt	State Federa		
Location		<u>-LX.</u>	reactar joyana p	
Unit Letter A ; 6	60 Feet From The North Lin	e and 660 Feet From	The <u>East</u>	
Line of Section 8 To	ownship 25 g Range 3	37 E , NMPM,	Lea County	
	2.1.3	,		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	wed copy of this form is to be sent)	
The of Admostized Transporter of O.	<u></u>			
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas XX	Address (Give address to which appro		
El Paso Natural Gas C	Ompany Unit Sec. Twp. Rge.	Box 1492, E1 Paso, Te	xas 79910	
If well produces oil or liquids, give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES	3 - 6 - 59	
If this production is commingled w	ith that from any other lease or pool,.	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complet		1 1 1		
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	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	<u> </u>			
	FOR ALLOWABLE (Test must be a able for this de	fiter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow	
OII. WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas I		
	·	G-ta- B	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	CHURE SIZE	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
		<u> </u>	<u> </u>	
CAS WELL				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
<u> </u>		0.000 0.000 0.000 0.000	Chala Sia-	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIA	NCE		ATION COMMISSION	
		M/4 3 1371		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		AFPROVE	Number	
shove is true and complete to t	he best of my knowledge and belief.	BY Soal redst	ung	
		TITLE Seasons seems		
to the state of	#	This form is to be filed in	compliance with RULE 1104.	
Administrative Unit Cogrdinator		If this is a request for allowable for a newly drilled or deepened		
Administrative Unit Co	ogrđinator	tests taken on the well in acc	ordance with RULE III.	
February 26, 1971		able on new and recompleted w	oust be filled out completely for allow wells.	
		Fill out only Sections I.	II. III, and VI for changes of owner	

Fill out only Sections I. II. III, and VI for changes of owner,