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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-11

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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Langlie-Jal Unit	86	Langlie-Mattix (Queen)	State, Federal or Fee Federal	LC 032511
Location				
Unit Letter	0	430	Feet From The South	Line and 2310
Line of Section 8		Township 25-S	Range 37-E	NMPM, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Corporation	Box 1910, Midland, Texas 79701					
Texas-New Mexico Pipeline Company	Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved 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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	5	25-S	37-E	Yes	3-1-62

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 Restv.	Diff. Restv.
	X			X	X		X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12-27-52	1-14-75		3,755'		3,751'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3148' DF	Seven Rivers (Queen)		3330'		3469'			
Perforations		W/1 JSPF 3330'; 3332'; 3334'; 3348'; 3352'; 3378'; 3380'; 3382'; 3388'; 3392'; 3394'; 3419'-24'; 3432'; 3454'-56'; 3473'; 3475'; 3477'; 3479'; 3487'; 3493'-96'; 3510'; 3523'; 3530'-32'; TUBING, CASING, AND CEMENTING RECORD (Total 35 holes)		Depth Casing Shoe				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
N.A.	10-3/4"		317'		250 sx.			
N.A.	7"		3,227'		200 sx.			
6-1/8"	4-1/2" (liner)		3,755'		100 sx.			

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.)	
1-14-75	1-19-75	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	0	--	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	46.6	41	TSTM

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.

Stanley A. Post
(Signature)Gas Measurement Analyst
(Title)1-20-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.