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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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

Operator: UNION TEXAS PETROLEUM CORPORATION	
Address 1300 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Conservation Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie-Jal Unit	Well Name, Pool Name, Including Formation Langlie-Mattix (Queen)	Kind of Lease State, Federal or Fee Federal	Lease No. LC032511(a)
Location Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West Line of Section 9 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"/> Shell Pipeline Co. Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701 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, El Paso, Texas 79110					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 5	Twp. 25-S	Rge. 37-E	Is gas actually connected? Yes	When 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-28-37	Date Compl. Ready to Prod. Deepening 3-27-75		Total Depth 3607'		P.B.T.D. 3604'			
Elevations (DF, RKB, RT, CR, etc.) 3156' DF	Name of Producing Formation Seven Rivers (Queen)		Top Oil/Gas Pay 3356'		Tubing Depth 3563'			
Perforations W/1 JSPF 3356-60, 3377-80, 3387-91, 3423-28, 3445-48, 3456-62, 3477-79, 3497-3501, 3523-27, 3533, 3535, 3539, 3541, 3546, 3558, 3571, 3573, 3579					Depth Casing Shoe ---			
3581, 3583 (Total 55 holes)					TUBING, CASING, AND CEMENTING RECORD			
WELL SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
NA	8 5/8"		1173'		400 Sx			
NA	5 1/2"		2444'		400 Sx			
4 3/4"	4"		3606'		150 Sx			

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)

Date First New Oil Run to Tanks 3-27-75	Date of Test 4-2-75	Producing Method (Flow, pump, gas lift, etc.) Producing	
Length of Test 24 Hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 57.5	Water - Bbls. 114.5	Gas - MCF 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)
April 4, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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 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.

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

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APR 9 1975

OIL CONSERVATION COM. -
WASH, D. C.