	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS		Form C-104 Supersed:s Old C-104 and C-110 Effective 1-1-55	
1.	IRANSPORTER GAS GPERATOR GAS OPERATOR OPERATOR OPERATION OFFICE Operator				
	UNION TEXAS PETROLEUM CORPORATION Address 1300 WILCO BUILDING, MIDLAND, TEXAS 79701				
	Reason(s) for filing (Check proper box) Other (Please explain) New We!1 Change in Transporter of: Change Well Name and No. from: Recompletion Oil Dry Gas Langlie "A" Federal No. 2 Change in Ownership X Casinghead Gas Condensate Effective 3-1-71				
If change of ownership give name Amoco Production Company, Box 68, Hobbs, New Mexico and address of previous owner					88240
Π.	DESCRIPTION OF WELL AND I Lease Name LANGLIE-JAL UNIT	Well No. Pool Name, Including Fo		Kind of Lease State, Federal or Fed	Federal LC032511-A
	Location Unit Letter L ; 1980			_ Feet From The	
m.	Line of Section 9 Tow DESIGNATION OF TRANSPORT		37-Е , ммрм 5		,ea County
-	Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas XX		Address (Give address to which approved copy of this form is to be sent) - Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas Con If well produces oil or liquids, give location of tanks.	npany Unit Sec. Twp. P.ge.	Box 1492, E Is gas actually connects Yes	1 Paso, Texas	79910 7-24- 53
If this production is commingled with that from any other lease or pool, give commingling order number:					
	Designate Type of Completio	n - (X) Gas 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.	т.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tub		ng Depth
	Perforations			n Casing Stoe	
	HOLE SIZE	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE		ξ D	- SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil-and must be equal table for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump,_gas lift, etc.	
	Length of Test	Tubing Pressure	Casing Pressure	Cho	ke \$120
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas	- MCF
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Cond				CF Gra	vity of Contensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sha	t-in) Cho	keSizo .
, v	I. CERTIFICATE OF COMPLIAN		CONSERVATIO	N-COMMISSION	
	I hereby certify that the rules and Commission have been complied above is true and complete to th	APPROVED BY			
	J. M. Duck				

Administrative Unit Coordinator

(Title)

February 26, 1971

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 allow-able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner. 1

REGENED

MMR 21971 O.L. C. ASERMATION COMM. H0220, N. M.