ı.	NO. OF COPIES RECEIVED			
Ų	DISTRIBUTION			
	SANTA FE			
ļ	FILE			
	U.S.G.S.			
	LAND OFFICE			
I.	IRANSPORTER	OIL		
		GAS		
	OPERATOR			
	PRORATION OFFICE			<u> </u>

NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE AND

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

	U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	AAS					
I.	Operator	THU CORPORATION							
	UNION TEXAS PETRO	i de la companya de							
	1300 Wilco Building, Midland, Texas 79701								
	Reason(s) for filing (Check proper box) New Well X Change in Transporter of: CASINGHEAD GAS MUST NOT BE								
	Recompletion	Oll Dry Gas	[]						
	Change in Ownership	Casinghead Gas Conden		CEPTION TO R-4070					
	If change of ownership give name and address of previous owner		is deamed.						
II.	DESCRIPTION OF WELL AND	LEASE							
	Lease Name Langlie-Jal Unit Location	Well No. Pool Name, Including Fo		[]					
	Unit Letter I ; 660	Feet From The East Line	e and Feet From	n The South					
		wnship 24-S Range	37-E , NMPM,	Lea County					
. [Line of Section 32 Tov	wnship 24-S Range)(-15 , INMPW,	Itea odany					
11.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Shell Pipeline Corp. Texas—New Mexico Pipelina Name of Authorized Transporter of Case	TER OF OIL AND NATURAL GA TO CONDENSATE THEO. Singhed Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79701 Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)						
	El Paso Natural Gas Co		Box 1492, El Paso, Te	t e e e e e e e e e e e e e e e e e e e					
	If well produces oil or liquids,	Unit Sec. Twp. Rge. G 5 25-S 37-E	Is gas actually connected?	Vhen					
	give location of tanks.	<u> </u>	<u> </u>						
	this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv. One of the commingled with that from any other lease or pool, give commingling order number:								
	Designate Type of Completic	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.					
	Date Spudded 8-13-73	4-2-74	3775'						
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/SaxXXx	Tubing Depth					
	3249' GR	<u>Seven Rivers-Queen</u> 50'; 3509-18'; 3528-33';	3430'	3665 Depth Casing Shoe					
		22 <u>';3626-30';3634-37';361</u>		3775*					
		TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	8 5/8"	800°	SACKS CEMENT 500					
	7 7/8"	5 1/2"	3775 '	1040					
		2 3/8"	3617'						
v.	TEST DATA AND REQUEST F	EST 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	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)					
	5-3-74	5-4-74 Tubing Pressure	Pump Casing Pressure	Choke Size					
	Length of Test 24	-O-	-0-						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF					
		21	12	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.		OIL CONSER	VATION COMMISSION					
			BY Aller						
	(1110	/	TITLE SUPERVOUR DATESICT I						
	Robert F. Co	elm-	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.						
	Asst. Dist. Prod. Man	ager							
	(T)	ile)							
	May 8, 1974	ate)							