DISTRIBUTION		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-114 Effective 1-1-55	
FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROBATION OFFICE	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL GA		
I. PRORATION OFFICE Operator UNION TEXAS PETROLEUR	1 CORPORATION	· · · · · · · · · · · · · · · · · · ·		
Address 1300 Wilco Building,	······································			
Reason(s) for filing (Check proper box New We!1 X Recompletion	Change in Transporter of: Oll Dry Go	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/6/24 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.		
If change of ownership give name and address of previous owner		<u></u>		
1. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	`ormation Kind of Lease	Lease No.	
Langlie-Jal Unit	24 Langlie-Matti	x (Queen) State, Federal	or Fee State B-1506	
	50Feet From TheSouth	ne and 1880 Feet From Th	eEast	
Line of Section 32 To	wnship 24-S Range	37-е , мирм,	Lea _{County}	
I. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Off Shell Pipeline Corp. Texas-New Mexico Pipel Name of Authorized Transporter of Ca El Paso Natural Gas	. X or Condensate ine Co. singhead Gas X or Dry Gas	AS Address (Cine address in which argrove Box 1910, Midland, Texi Box 1510, Midland, Texi Address (Give address to which approve Box 1492, El Paso, Texi	as 79701 id copy of this form is to be sent)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks. If this production is commingled wi	G 5 25-S 37-E th that from any other lease or pool,			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
8-20-73 Elevations (DF, RKB, RT, GR, etc.) 3250' GL	3-29-74 Name of Froducing Formation Seven-Rivers Queen	3775' Top Oll/Gas Pay 3367'	Tubing Depth 3713'	
Perforations 3367-79';3384-9	91';3412-28';3436-42';34		Depth Casing Shoe	
HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT	
$12\frac{1}{4}$ "	8 5/8" 5 1/2"	802'	500	
7 7/8*	2 3/8"	3774 ' 3713'	750	
/. TEST DATA AND REQUEST F OIL WELL		fter recovery of total volume of load oil an eph or be for full 24 hours)	id must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)	
5-6-74 Length of Test	5-6-74 Tubing Pressure	Pump Casing Pressure	Choke Size	
24 hrs. Actual Prod. During Test		-O Water-Bble.	Gas-MCF	
l	2	2	TSTM	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Constitution Condemonto	
			Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choka Siza	
I. CERTIFICATE OF COMPLIAN	CE	QL CONSERVAT		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is trug. and complete to the best of my knowledge and belief.		APPROVED , 19, 19		
(ALDI		TITLE SUPERVISE DISTRICT		
Cohet . U.	lim	This form is to be filed in co If this is a request for allowal	ble for a newly drilled or deepened	
(Signature) Asst. Dist. Prod. Manager		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-		
(Title) May 8, 1974		able on new and recompleted well		
	112)	well name or number, or transporter	h, and vi for changes of owner, h or other such change of condition. be filed for each pool in multiply	
		completed wells.		