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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-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 checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	ELAPSED SINCE 7/2/74
Change in Ownership <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
	IS OBTAINED.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie-Jal Unit	Well No. 38	Pool Name, Including Formation Langlie-Mattix (Queen)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-052956
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 5 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 Corp. 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 5	Twp. 25-S	Rge. 37-E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded 8-9-73	Date Compl. Ready to Prod. 3-22-74		Total Depth 3725'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3257' GL	Name of Producing Formation Seven Rivers-Queen		Top Oil/ <del>3456'</del> 3352'		Tubing Depth 3672'			
Perforations 3602-3594'; 3590-76'; 3565-3559'; 3546-42'; 3531-22'; 3502-3488'; 3456-52'; 3446-42'; 3422-16'; 3378-72'; 3354-52'					Depth Casing Shoe 3723'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		798'		500			
7 7/8"	5 1/2"		3723'		625			
	2 3/8"		3672'					

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)

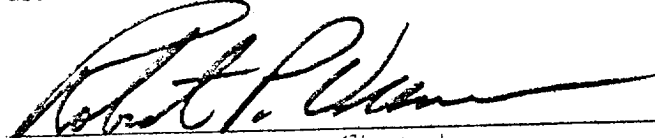
Date First New Oil Run To Tanks 5-2-74	Date of Test 5-2-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure -0-	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 4	Water-Bbls. 1 1/2	Gas-MCF TSTM

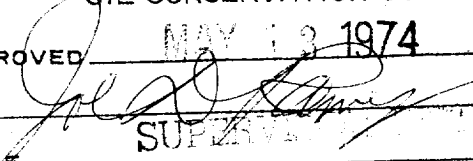
GAS WELL

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.

  
(Signature)  
Asst. Dist. Prod. Manager  
(Title)  
May 8, 1974  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED MAY 13 1974, 19\_\_\_\_  
BY   
TITLE SUPERVISOR

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.