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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

I. Operator  
UNION TEXAS PETROLEUM CORPORATION  
Address  
1300 Wilco Building, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie-Jal Unit	Well No. 76	Pool Name, including Formation Langlie-Mattix (Queen)	Kind of Lease State, Federal or Fee Federal	Lease No. LC 032511(e)
Location Unit Letter E ; 1980 Feet From The North 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 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 checked="" 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 1942, 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? Yes	When 4-25-75

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-2-74	Date Compl. Ready to Prod. 4-25-75	Total Depth 3862'	P.B.T.D. 3600'					
Elevations (DF, RKB, RT, GR, etc.) 3168' GL	Name of Producing Formation Seven Rivers (Queen)	Top Oil/Gas Pay 3450'	Tubing Depth 3499'					
Perforations w/1 JSPF 3450-56, 3471-73, 3491-95, 3513, 3518, 3526-30' 3533-35 (Total 25 holes)			Depth Casing Shoe ---					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20"	13-3/8"	30'	4 Yds. Ready Mix					
12 1/2"	8-5/8"	805'	600 Sx.					
7 7/8"	4-1/2"	3862'	1200 Sx.					
	2-3/8"	3499'	---					

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)

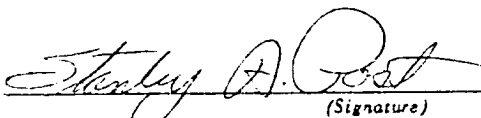
Date First New Oil Run To Tanks 4-25-75	Date of Test 6-28-75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size ---
Actual Prod. During Test ---	Oil-Bbls. 4.0	Water-Bbls. 78	Gas-MCF TSTM

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)

Gas Measurement Analyst  
(Title)

June 10, 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 allowables 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 are to be filed for each pool in multiple completions.