

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
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"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie-Jal Unit	Well No. 34	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 6 Township 25-S Range 37-E , NMPM, Lea County				

I. 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 Corporation Texas-New Mexico Pipeline Company	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 Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79910	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 5 25-S 37-E	Is gas actually connected? When Yes 4-16-75

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 1-13-75	Date Compl. Ready to Prod. 1-26-75	Total Depth 3,750'	P.B.T.D. 3,717'
Elevations (DF, RKB, RT, GR, etc.) 3,231' GL	Name of Producing Formation Seven Rivers-Queen	Top Oil/Gas Pay 3,431'	Tubing Depth 3,436'
Perforations W/1 JSPF 3,431'-35'; 3,449'-51'; 3,468'-70'; 3,488'-92'; 3,507'-09'		Depth Casing Shoe ---	
3,536'-38'; 3,541'; 3,554'-56'; (Total 26 holes)			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	13 3/8"	30'	4 yds ready mix
12 1/4"	8 5/8"	815'	600 sx
7 7/8"	4 1/2"	3,750'	1,200 sx

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 4-19-75	Date of Test 5-4-75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 0	Casing Pressure 0	Choke Size --
Actual Prod. During Test	Oil-Bbls. 89.4	Water-Bbls. 88.4	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.

Stanley A. Post
(Signature)
Gas Measurement Analyst

May 6, 1975

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 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.

OPERATOR Union Texas Petroleum ADDRESS 1300 Wilco Bldg., Midland, Tex 79701LEASE Langlie Jal Unit WELL NO. 34 FIELD _____LOCATION NE/NE Sec. 6, T-25S, R-37E, Lea County, New Mexico

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
497	1/4	2.1868	2.1868
815	1/2	2.7666	4.9534
1299	1/2	4.2108	9.1642
1771	3/4	6.1832	15.3474
2245	1	8.2950	23.6424
2512	1	4.6725	28.3149
3002	1 1/4	10.6820	38.9969
3490	1 1/4	10.6384	49.6353
3750	1	4.5500	54.1853

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

By: Ken Hedrick
Title: Drilling Superintendent

Affidavit:

Before me, the undersigned authority, appeared Ken Hedrick known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Ken Hedrick
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 6th day of February 19 75

James T. Mayrick
Notary Public in and for the County
of Lea, State of New Mexico

MY COMMISSION EXPIRES 3-1-76

Seal