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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)	
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"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/2/77 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Stuart	1	Langlie-Mattix (Queen)	State, Federal or Fee	NM 14629
Location				
Unit Letter	C	330	Feet From The	North
		Line and	1650	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Western Oil Transportation <i>Firmian Corp.</i>	P. O. Box 1183, Houston, Texas 77002	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas 79910	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	9
	25-S	37-E
	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Sept., 7, 1977	10-2-77		3739		3698			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3174.2' GR	Queen		3432		3544			
Perforations w/1 JSPF 3432, 34, 36, 40, 42, 44, 70, 72, 74, 76, 78, 80, 94, 3516, 18, 20, 22, 24, 26, 28, 30, 44, 51, 53, 81, 85, 92, 94 & 3607 (Total 29 holes)					Depth Casing Shoe			
					3738			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		782'		430 Sx.			
7 7/8"	5 1/2"		3738'		750 Sx.			
	2 3/8"		3544'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-2-77	10-10-77	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	18#	18#	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	38	108	16

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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. Paul
(Signature)
Senior Production Analyst
(Title)
October 12, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *John W. Runyan*
Geologist
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

INCLINATION REPORT

OPERATOR Union Texas Petroleum ADDRESS 1300 Wilco Bldg. Midland, Texas 79701
 LEASE NAME Stuart WELL NO. 1 FIELD _____
 LOCATION Section 9, T-25S, R-37E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
212	1/2	1.8444	1.8444
630	3/4	5.4758	7.3202
1200	1/2	4.9590	12.2792
1690	1/2	4.2630	16.5422
2176	3/4	6.3666	22.9088
2670	3/4	6.4714	29.3802
2823	1 1/2	4.0086	33.3888
3313	2 1/4	19.2570	52.6458
3739	2	14.8674	67.5132

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

Garlin Taylor
 TITLE Garlin Taylor, Admn. Asst.

AFFIDAVIT:

Before me, the undersigned authority, appeared Garlin Taylor
 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.

Garlin Taylor
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 23rd day of September, 1977

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

Jerry L. Murphy
 Notary Public in and for the County
 of Lea, State of New Mexico

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**OIL CONSERVATION COMM.
HOBBS, N. M.**