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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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Langlie-Jal Unit	Well No. 96	Pool Name, including Formation Langlie-Mattix (Queen)	Kind of Lease State, Federal or Fee	State	Lease No.
Location					
Unit Letter N	140	Feet From The South	Line and 2600	Feet From The West	
Line of Section 32	Township 24-S	Range 37-E	NMPM,	Lea	County

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	Address (Give address to which approved copy of this form is to be sent) Box 1910 - Midland, Tx 79701 Box 1510 - Midland, Tx 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 H	Sec. 5	Twp. 25-S	Rge. 37-E	Is gas actually connected? yes	When 9-5-82

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 8-12-82	Date Compl. Ready to Prod. 8-21-82	Total Depth 3720	P.B.T.D. 3665					
Elevations (DE, RKB, RT, GR, etc.) 3249.7 GR	Name of Producing Formation Seven-Rivers Queen	Top Oil/Gas Pay 3206	Tubing Depth 3665					
Perforations 3206 - 3660 OK PK			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	810	600 SX
7-7/8"	5-1/2"	3719	1800 SX
	2-7/8"	3665	

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 9-5-82	Date of Test 9-28-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 25	Water-Bbls. 140	Gas-MCF 21

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

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.


Richard M. Hoyer
Inspection Services Supervisor

November 11, 1982

OIL CONSERVATION COMMISSION

NOV 18 1982

APPROVED _____, 19____

BY _____ ORIGINAL SIGNED BY

JERRY SEXTON
TITLE _____ DISTRICT 1 SUPR.

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 to new and deepened wells.

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