

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)

| | | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------------------|--------------------------|
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | | Other (Please explain) | |
| 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. 97 | Pool Name, including Formation Langlie-Mattix (Queen) | Kind of Lease State, Federal or Fee State | Lease No. |
|--------------------------------|----------------|--|--|-----------|

Location

Unit Letter P ; 140 Feet From The South Line and 1200 Feet From The East

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 | Pge. 37 | Is gas actually connected? Yes | When 8-29-82 |

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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 8-3-82 | Date Compl. Ready to Prod. 8-28-82 | Total Depth 3720 | P.B.T.D. 3670 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3250 GR | Name of Producing Formation Seven-Rivers Queen | Top Oil/Gas Pay 3339 | Tubing Depth 3556 | | | | | |
| Perforations 3339 - 3654 | Depth Casing Shoe | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|----------------------|--------------------------------|------------------|------------------------|
| HOLE SIZE 12-1/4" | CASING & TUBING SIZE 8-5/8" | DEPTH SET 842 | SACKS CEMENT 635 SX |
| 7-7/8" | 5-1/2" | 3719 | 1300 SX |
| | 2-7/8" | 3556 | |

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 8-29-82 | Date of Test 10-8-82 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 | Tubing Pressure --- | Casing Pressure --- | Choke Size --- |
| Actual Prod. During Test | Oil - Bbls. 12 | Water - Bbls. 87 | Gas - MCF 20 |

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.

Richard M. Hays
Production Services Supervisor

November 11, 1982

OIL CONSERVATION COMMISSION
NOV 18 1982

APPROVED _____, 19____

BY JERRY SEXTON
ORIGINAL SIGNED BY
DISTRICT 1 SUPR.

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.

Sections I, II, III, and IV must be filled out for all wells.

Sections V and VI must be filled out for all wells.

RECEIVED
NOV 12 1932
O.C.
MOBBS