NO. OF COPIES REC	EIVED	i	
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		1	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANIAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65				
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
				AL GAS				
	TRANSPORTER GAS	-						
	OPERATOR	╡						
	PRORATION OFFICE	_						
	Operator							
	Union Texas Petrole	Union Texas Petroleum Corporation dress						
	4000 N. Big Spring,	Suite 500, Midland, TX 7	79705					
	Reason(s) for filing (Check proper box		Other (Please explain)					
	New Well X	Change in Transporter of:						
	Recompletion	Oil X Dry Go	ıs 🔲					
	Change in Ownership	Casinghead Gas Conder	nsate					
	If change of ownership give name and address of previous owner							
IJ.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including F						
	Langlie-Jal Unit	106 Langlie-Matt	ix (7-R-Queen) State, F	ederal or Fee State				
	Location		1100	D = -1-				
	Unit Letter A ; 10	75 Feet From The <u>North</u> Lin	ne and 1100 Feet F	rom The East				
	Line of Section 32 To	ownship 24S Range	37E , NMPM, L	ea County				
	Line of Section 32 To	Swiship 240 Haile	J/L , NMPM, L	ea county				
ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıs					
	None of Authorized Transporter of Oil Shell Pipeline Compan		Address (Give address to which of	approved copy of this form is to be sent)				
	Texas-NM Pipeline	y	P. O. Box 1910, Mid P. O. Box 1570, Mid	land, TX 79701 land, TX 79701 approved copy of this form is to be sent)				
	Name of Authorized Transporter of Co	rsinghead Gas 🛛 or Dry Gas	Address (Give address to which o	approved copy of this form is to be sent)				
	El Paso Natural Gas Co		P. O. Box 1492, E1					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When				
	give location of tanks.	A 32 24S 37E	yes	1/16/85				
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Resty. Diff. Rest				
	Designate Type of Completi		1 Tr	, , ,				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	12/3/84	1/17/85	3750	3740				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	3216GR, 3271.5DF	7-Rivers (Queen)	3326	3203				
	Perforations			Depth Casing Shoe				
	3326-3413 (7-Rivers), 3446-3528, 3561-3717 (Queen & 7-Rivers) 3750							
			D CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	7-7/8	8-5/8 5-1/2	840 3750	1000				
	7-778	3-1/2	3730	1000				
			1					
3/	TEST DATA AND PROUEST F	FOR ALLOWARIE (Test must be a	ufter recovery of total valume of loa	d oil and must be equal to or exceed top allo				
٧.	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	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)				
	1/17/85	1/19/85	submersible pump					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	24	Oil-Bbls.	Water - Bbls.	Ggs-MCF				
	Actual Prod, During Test	131	359	93				
		1.71	<u> </u>					
	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				
			00005					
VI.	CERTIFICATE OF COMPLIAN	NCE		RVATION COMMISSION				
		and anything that the sular and anythings of the Oil Consequence		APPROVED JAN 2 5 1985 19				
I hereby certify that the rules and regulations of the Oil Co Commission have been complied with and that the informs		with and that the information given	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
	TITLE This form is to be filed in compliance with RULE Ye take is a request for allowable for a newly drill							
			13	· · · · · · · · · · · · · · · · · · ·				
			allowable for a newly drilled or deepen-					
	11 Callette Usia	nature)	I walt this form must be acc	omnanied by a tabulation of the deviati				
	Regulatory Compliance	V1 /	tests taken on the well in	accordance with RULE 111. m must be filled out completely for allo				
	(7	itle)	All sections of this for able on new and recomplete	ed wells.				
	January 23, 1985 (Date)		Fill out only Sections I, II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip					
			Separate Forms C-104 completed wells.	mest oe tried tot escu boot to merch				

JAN 24 1985