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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

I. Operator  
Union Texas Petroleum Corporation

Address  
4000 N. Big Spring, Suite 500, Midland, TX 79705

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"/> |
| Change in Ownership | <input type="checkbox"/>            | Casinghead Gas            | <input type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |
|                     |                                     | Condensate                | <input type="checkbox"/> |

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. |
| Langlie-Jal Unit | 107      | Langlie Mattix (7-R-Queen)                                | State, Federal or Fee Federal | LC-05546  |
| Location         |          |   |                               |           |
| Unit Letter      | C        | 1142 Feet From The North Line and 2518 Feet From The West |                               |           |
| Line of Section  | 4        | Township 25S Range 37E                                    | 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) |
| Shell Pipeline Corporation   | P. O. Box 1910, Midland, TX 79701  |
| Texas-New Mexico Pipeline  | P. O. Box 1570, Midland, TX 79701  |
| 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 Company  | P. O. Box 1492, El Paso, Texas 79910                                     |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| G 5 25S 37E  | yes 1/24/85  |

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 Restv. | Diff. Restv. |
| X                                    | X                           |                 | X            |          |              |                   |             |              |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |              |                   |             |              |
| 12/11/84                             | 1/15/85                     | 3750            | 3735         |          |              |                   |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |              |                   |             |              |
| 3227 GR, 3238.5 KB                   | Queen                       | 3453            | 3620         |          |              |                   |             |              |
| Perforations                         | 3453-3620                   |                 |              |          |              | Depth Casing Shoe |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |              |          |              |                   |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |                 | DEPTH SET    |          | SACKS CEMENT |                   |             |              |
| 12-1/4                               | 8-5/8                       |                 | 833          |          | 600 sx C     |                   |             |              |
| 7-7/8                                | 5-1/2                       |                 | 3750         |          | 1200 sx C    |                   |             |              |

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.) |            |
| 1/24/85                         | 1/26/85         | Pumping - submersible                         |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 24                              | ---             | ---   | ---        |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |
|                                 | 48              | 437   | 85         |

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.

  
(Signature)  
Regulatory Compliance Coordinator  
(Title)  
January 29, 1985  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB - 8 1985**, 19 \_\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**  
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 deviated 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 name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiphase completed wells.