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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-11
Effective 1-1-55

CORRECTED COPY

Operator Union Texas Petroleum Corp	
Address 4000 N. Big Spring, Suite 500, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie Jal Unit	Well No. 112	Pool Name, including Formation Langlie mattix SR Queen	Kind of Lease State, Federal or Fee	State	Lease No. NM12225
Location					
Unit Letter C	1355'	Feet From The W	Line and 1300'	Feet From The N	
Line of Section 8	Township 25S	Range 37E	, NMFM, 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"/> Shell Pipeline Corp Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) PO Box 1910, Midland, Texas 79701 PO Box 1570, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1492, El Paso, Texas 79910					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 5	Twp. 25S	Rge. 37E	Is gas actually connected? Yes	When 1-16-86

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					
Date Spudded 12-14-85	Date Compl. Ready to Prod. 12-20-85	Total Depth 3804		P.B.T.D. 3763'					
Elevations (DF, RKB, RT, GR, etc.) 3160 GR	Name of Producing Formation Queen	Top Oil/Gas Pay		Tubing Depth					
Perforations 3648-3704' ; 3068-3505; 3292-3372				Depth Casing Shoe 3804'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		819		500				
7-7/8	5-1/2		3804		800				

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)

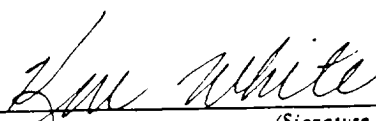
Date First New Oil Run To Tanks 1-16-86	Date of Test 1-27-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 75	Gas - MCF 16

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

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 Permit Coordinator
(Title)

2-4-86

OIL CONSERVATION COMMISSION

FEB 12 1986

APPROVED _____, 19

BY _____

TITLE _____ DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditior