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TRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			

Supersedes Old C-104 and C-11

NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 REQUEST FOR ALLOWABLE Effective 1-1-65 **AND** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Union Texas Petroleum Corp Addres Spring, Suite 500, Midland, Texas 79705 4000 N. Big Spring
Reason(s) for filing (Check proper Other (Please explain) X New Well Change in Transporter of: X Dry Gas Recompletion 011 Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE | Well No. Kind of Lease Poblytangi (setuding) formanon/ Lease No. NM12225 112 Langlie Jal Unit Queen State 1353 1353' Location 1300' С _Line and Feet From The Unit Letter Township 25S 37E Lea 8 Range NMPM, County Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS 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
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil A or Con Shell Pipeline Corp
Texas-New Mexico Pipeline
Name of Authorized Transporter of Casinghead Gas X or Condensate or Dry Gas PO Box 1492, El Paso, Texas 79910
Is aux actually connected? When El Paso Natural Gas Co. P.ge. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. 25<u>S</u> 5 37E 1-16-86 Yes If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Workover Same Restv. Diff. Restv Plug Back Gas Well New Well Deepen Designate Type of Completion - (X) х F.B.T.D. Date Compl. Ready to Prod. Date Spudded 12-20-85 3804 3763 12-14-85 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 3160 GR Queen Depth Casing Shoe Perforations Ci 1.00 Carre 3804' 3648-3704**'** TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 819 500 8-5/8 12-1/45 - 1/23804 800 7-7/8 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks 1-27-86 Pumping 1-16-86 Choke Size Casing Pressure Length of Test Tubing Pressure 24 Gas - MCF Water - Bble. Oil - Bbls. Actual Prod. During Test 16 **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION FFB 7 - 1986 VI. CERTIFICATE OF COMPLIANCE FEB7 APPROVED 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. CALGINAL CHOMED BY LIGHT SEXTON MISTRICT I SUPERVISOR TITLE -This form is to be filed in compliance with RULE 1104.

Regulatory Permit Coordinator (Title)

2 - 4 - 86

(Date)

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatic 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 conditio

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

