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	GAS	
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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 1-1-85

I.

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie Jal Unit	Well No. 109	Pool Name, including Formation Langlie Mattix (Queen)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-052956
Location				
Unit Letter XH	2555'	Feet From The North	Line and 120	Feet From The East
Line of Section 5	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"/> Shell Pipeline Corp. Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79701 P.O. Box 1570, Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input 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) P.O. Box 1492, El Paso, TX 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 12-23-85

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 11-25-85	Date Compl. Ready to Prod. 12-2-85	Total Depth 3800	P.B.T.D. 3750					
Elevations (DF, RKB, RT, GR, etc.) 3233' GR	Name of Producing Formation Queen	Top Oil/Gas Pay 3190	Tubing Depth 3381					
Perforations 3724-3671, 3632-3530	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	805	450 SX C					
7-7/8	5-1/2	3800	450 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 12-25-85	Date of Test 1-6-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 26	Water-Bbls. 134	Gas-MCF 17

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.

Ken White
(Signature)
Regulatory Permit Coordinator
(Title)
1-7-86
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 17 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 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.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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