

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-116
Effective 1-1-85

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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. 110	Pool Name, Including Formation Langlie Mattix (Queen)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-05546
Location Unit Letter J ; 1360 Feet From The East Line and 1400 Feet From The South 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"/> Shelf 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 Co.	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 12-10-85

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 Res'.	Diff. Res'.
	X							
Date Spudded 11-12-85	Date Compl. Ready to Prod. 12-14-85		Total Depth 3800		P.B.T.D. 3760			
Elevations (DF, RKB, RT, GR, etc.) 3220	Name of Producing Formation Queen		Top Oil/Gas Pay 3340		Tubing Depth 3300			
Perforations 3586 - 3684, 2SPF, 4", 3340-3513 2SPF 4" OK K2					Depth casing shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		852		500 Sx			
7-7/8	5-1/2		3800		800 Sx			
	2-3/8		3300					

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 12-10-85	Date of Test 12-18-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 65	Oil-Bbls. 65	Water-Bbls. 203	Gas-MCF 55

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.

Lou White
(Signature)
Regulatory Permit Coordinator
(Title)
12-31-85
(Date)

OIL CONSERVATION COMMISSION

JAN 16 1986

APPROVED _____, 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 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.

RECEIVED
JAN 8 - 1986
C.C.D.
HOBBS OFFICE