

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Union Texas Petroleum Corp.	Well API No. 30-025-30871
Address P.O. Box 2120 Houston, TX 77252-2120	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langlie Jal Unit	Well No. 113	Pool Name, including Formation Langlie Mattix SR Queen	Kind of Lease State, Federal or Fee	Lease No. LC-055546
Location Unit Letter <u>G</u> : <u>1400</u> Feet From The <u>N</u> Line and <u>1350</u> Feet From The <u>E</u> Line Section <u>5</u> Township <u>25S</u> Range <u>37E</u> , 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"/> TX-NM Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Corp.	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 <u>G</u>	Sec. <u>5</u>	Tw. <u>25S</u>	Rge. <u>37E</u>	Is gas actually connected? Yes	When? 6-23-90

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 6-9-90	Date Compl. Ready to Prod. 6-23-90	Total Depth 3751		P.B.T.D. 3663					
Elevations (DF, RKB, RT, GR, etc.) 3249.7	Name of Producing Formation Queen	Top Oil/Gas Pay 3414		Tubing Depth 3312					
Perforations 3414-3646					Depth Casing Shoe 3750				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 5 1/2		DEPTH SET 825 3750		SACKS CEMENT 525 1100				

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 Tank 6-23-90	Date of Test 6-27-90	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure	Casing Pressure 50#	Choke Size
Actual Prod. During Test	Oil - Bbls. 50	Water - Bbls. 245	Gas- MCF 70

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. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Ken E. White Reg. Permit Coord.
Printed Name Ken E. White Title
Date 6/27/90 Telephone No. (713)968-3654

OIL CONSERVATION DIVISION

Date Approved JUL 02 1990
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

INCLINATION REPORT

OPERATOR: Union Texas Petroleum

ADDRESS: 1330 Post Oak Blvd.,
Ste. 2900
Houston, TX 77056

LEASE NAME: Langlie Jal

WELL#: 113 FIELD: _____

LOCATION: Lea County, New Mexico

1400/N + 13.50/E 5-25-37

Measured Depth	Angle of Inc.	Displacement Per 100 ft.	Accumulative Displacement
422 *	0.50	0.87 *	3.6714
828 *	0.75	1.31 *	8.9900
1325 *	0.75	1.31 *	15.5007
1725 *	0.25	0.44 *	17.2607
2145 *	0.75	1.31 *	22.7627
2540 *	1.50	2.62 *	33.1117
2814 *	2.25	3.93 *	43.8799
2980 *	1.50	2.62 *	48.2291
3348 *	0.75	1.31 *	53.0499
3650 *	0.75	1.31 *	57.0061
3750 *	0.75	1.31 *	58.3161

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANYRebecca Edwards

TITLE: DRILLING SECRETARY

AFFIDAVIT:

Before me, the undersigned authority, appeared Rebecca Edwards known to me to be the person whose name is subscribed hereabove, who, on making deposition, under oath states that she is acting for and in behalf of the Operator of the well identified above, and that to the best of her knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Laura Deines

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this 26 day of June, 1990.Sharon L. RobinsonNotary Public in and for
the County of Midland,
State of Texas.