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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Union Texas Petroleum Corp.		Well API No. 30-025030883
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. 114	Pool Name, Including Formation Langlie Mattix (SR Queen)	Kind of Lease State, Federal or Fee	Lease No. LC-055546
Location Unit Letter B : 1270 Feet From The N Line and 2600 Feet From The E Line Section 5 Township 25S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Corp. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, TX 79201 P.O. Box 1570 Midland, TX 79201					
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Co <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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? 6-30-90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-13-90	Date Compl. Ready to Prod. 6-28-90		Total Depth 3780		P.B.T.D. 3650			
Elevations (DF, RKB, RT, GR, etc.) 3250.1	Name of Producing Formation Queen		Top Oil/Gas Pay 3350		Tubing Depth 3010			
Perforations 3350-3636					Depth Casing Shoe 3750			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		826		550			
7 7/8	5 1/2		3750		1250			

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 6-28-90	Date of Test 7-1-90	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. 46	Water - Bbls. 292	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. 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
Printed Name Ken E. White Reg. Permit Coord.
Title
Date 7/1/90 713/968-3654
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 06 1990
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT MANAGER

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

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

RECEIVED

JUL 5 1990

CCO
HOBBS OFFICE