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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 1-1-65

RECEIVED
JUN 17 1965
O. C. C.
ARTERIA, OFFICE

I. Operator **Leonard Latch**
Address **1317 Texas Avenue Lubbock, Texas 79401**
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner **Dean White Oil Company 1317 Texas Ave. Lubbock, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Saunders	9	Empire	State, Federal or Fee
Location Saunders			
Unit Letter H	2310 Feet From The North Line and 330 Feet From The East		
Line of Section 13	Township 17	Range 27	NMPM, Lubbock 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"/>	Address (Give address to which approved copy of this form is to be sent)		
Permian Corporation	Box 3119, Vidor, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
	B	13	17 27
Is gas actually connected?		When	

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'v.	Diff. Res'v.
			<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12-7-55	February, 56		561'					
Pool Empire	Name of Producing Formation Yates		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe 552			

Open hole

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
February, 56	6-10-65	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	107	0	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
2 1/2	2	1/2	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Chetan L. Anderson
(Signature)

Agent (Title)

June 16, 1965

OIL CONSERVATION COMMISSION

APPROVED **JUN 17 1965**, 19
BY **M. L. Armstrong**
TITLE **OIL AND GAS INSPECTOR**

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 Sections I, II, III, and VI only 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.