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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
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Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAR 12 1979

MAR 6 1979

Operator	LATCH OPERATIONS	O. C. C. ARTESIA, OFFICE	O. C. C. ARTESIA, OFFICE
Address Suite 507 Texas Commerce Bank Bldg. - Lubbock, Texas 79401			
Reason(s) for filing (Check proper box)		Other (Please explain) Change in name of operator.	
New Well <input type="checkbox"/>	Change in Transporter of:	Leonard Latch deceased. Business now	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	carried on by his estate in the name of
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	Latch Operations
If change of ownership give name and address of previous owner Leonard Latch, 507 Texas Commerce Bank Bldg., Lubbock, Tex. 79401			

I. DESCRIPTION OF WELL AND LEASE

Lease Name Berry A	Well No. 5	Pool Name, Including Formation Empire	Kind of Lease State, Federal or Fee Federal	Lease No. 025527A
Location Unit Letter A ; 367 Feet From The North Line and 752 Feet From The East Line of Section 24 Township 17S Range 27E , NMPM, Eddy County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Box 159 - N. Greeman Ave. Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 17S	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 AG	Sec. 24
	Twp. 17S	Rge. 27E
Is gas actually connected? When		

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
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 top 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

James Latch
(Signature)
Agent
(Title)
2-28-79
(Date)

OIL CONSERVATION COMMISSION
APPROVED **APR 19 1979**, 19_____
BY **Mike Williams**
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.