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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-1  
Effective 1-1-65

AUG 16 1972

I. Operator **Leonard Latch** ✓ **O. C. C.**  
Address **ARTESIA, OFFICE**  
**1812 Texas Ave. 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Berry A</b>	Well No. <b>22</b>	Pool Name, including Formation <b>Redlake <del>Queen</del></b>	Kind of Lease State, Federal or Fee <b>XXXXX Federal</b>	Lease No. <b>025527A</b>
Location Unit Letter <b>K</b> ; <b>2310'</b> Feet From The <b>South</b> Line and <b>1650'</b> Feet From The <b>West</b> Line of Section <b>24</b> Township <b>17S</b> Range <b>27E</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Southern Union Gas Co.</b>	<b>Fidelity Union Tower, Dallas, Texas 75201</b> <b>Attention Oran L. Haseltine</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When			
<b>No</b>	<b>Not Future</b>		<b>4-24-73</b>	

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.
		<b>X</b>				<b>X</b>		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
	<b>11-30-65</b>		<b>XXXXX</b>		<b>XXXXX 1775'</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
	<b>Queen Gas</b>		<b>1,172</b>		<b>1120'</b>			
Perforations					Depth Casing Shoe			
<b>1,172 to 1,178</b>					<b>1700'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>7 7/8</b>	<b>5 1/2</b>		<b>XXXXX 1775'</b>		<b>100</b>			
			<b>1120</b>					

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
<b>418.86</b>	<b>3 Hrs.</b>		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size orifice
<b>Flow</b>	<b>400</b>	<b>0</b>	<b>0.0635</b>

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.

Chester L. Aden  
(Signature)  
**Agent**  
(Title)  
**Aug. 15, 1972**  
(Date)

OIL CONSERVATION COMMISSION

APR 27 1973

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Gressitt  
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.

Separate Forms C-104 must be filed for each pool in multiply