

NO. OF COPIES RECEIVED	
DISTRIBUTION	4
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS
OPERATOR	1
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COM. ION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

MAR 12 1979 MAR 6 1979

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Berry A</b>	Well No. <b>16</b>	Pool Name, including Formation <b>Empire</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>025527A</b>
Location Unit Letter <b>0</b> ; <b>990</b> Feet From The <b>South</b> Line and <b>1550</b> Feet From The <b>East</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Crude Oil Purchasing Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 150-N. Freeman Avenue-Artesia, N.M. 88210</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>J. SOC</b>	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 <b>G</b>	Sec. <b>24</b>	Twp. <b>17S</b>	Rge. <b>27E</b>	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'ty.	Diff. Res'ty.
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 (prior, 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 Lath*  
(Signature)

Agent

(Title)

2-27-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 19 1979**, 19

BY *Mike Williams*  
**OIL AND GAS INSPECTOR**

TITLE

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 logs taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowables on new and recompleting 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.