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DISTRIBUTION 4	NEW MEXICO OIL	CONSERVATION COMMISSION	
FILE		T FOR ALLOWABLE AND	Supersedes Old C-104 and Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NATUR	VEDECEIVED
TRANSPORTER OIL	<del></del> -	KECEI	AEDF CEINED
GAS  OPERATOR /  PRORATION OFFICE		MAR 12	19 <b>79</b> MAR 6 1979
LATCH OPERATION	NS	ි. <b>C</b> . ( උපද ර ග	
Suite 507 Texas	s Commerce Bank Bldg L	shhook Texas 79403	
Reason(s) for filing (Check proper)	oox j	Other (Please explain	Change in name operator.
Recompletion. Change in Cwnership	Change in Transporter of:  Oil X Dry C  Casinghead Gas Cond	Leonard Latch	deceased. Business now his estate in the name of
If change of ownership give name and address of previous owner	leapand latch 507 Tour		
		. Comm. BK. Bldg Li	ibbook, Texas 79401
DESCRIPTION OF WELL AN Lease Name		ame, Including Formation	Kind of Lease 02550
Berry B	24	Empire	State, Federal or Fee Federal
Unit Letter <b>B</b> : 33	60 Feet From The North	ne and <b>1650</b> Feet	
25			From The <b>East</b>
Line of Section 25	Fownship 175 Range 2	.TE , NMPM,	Eddy County
DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	AS	
Navajo Crude 011 Puro			approved copy of this form is to be sent)
Name of Authorized Transporter of (	Casinghead Gas or Dry Gas	Address (Give address to which	a, New Mexico 88210 approved copy of this form is to be sent)
***	Unit Sec. Twp. Rge.		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <b>B</b> 25 175 27E	Is gas actually connected?	When
f this production is commingled v	with that from any other lease or pool,	give commingling order number	:
OMPLETION DATA	Oth Wall Committee	New Well Workover Deepe	
Designate Type of Complet		L L	n Plug Back Same Res'v. Diff. Res
Date Spudded	Date Compl. Ready to Frod.	Total Depth	F.B.T.D.
I:col	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			
			Depth Casing Shoe
101 5 0175		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	loil and must be equal to or exceed top allo
OIL WELL  ate First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, go	
		From the first (From , pump, go	is lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Fred, During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
·			
SAS WELL			
Actual Frod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
lesting Method (pitot, back pr.)	Tubing Pressure	Caning D	
		Casing Pressure	Choke Size
ERTIFICATE OF COMPLIAN	ICE	OIL CONSER	VATION COMMISSION
hereby certify that the rules and regulations of the Oi. Conservation			1 0 1070
commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		m/	/, // ' 19/9 /, // '
is true and complete to th	e best of my knowledge and belief.	BY //hh W.	Manz
<b>^</b>	-	TITLE	in the incorporation
James Latch		This form is to be filed in compliance with RULE 1104.	
(Signature)		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	
Agent (Ti	itle)	tests taken on the well in ac	cordance with RULE 111.  must be filled out completely for allow
2-28-79		able on new and recompleted	wells.
	ate:	well name or number, or transp	III, and VI only for changes of owner, porter, or other such change of condition.

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