NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE FILE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DECEIVED U.S.G.S. LAND OFFICE OIL IRANSPORTER GAS MAR 1 2 1979 MAR 6 1979 OPERATOR PRORATION OFFICE rerator O. C. C. O. C. C. LATCH OPERATIONS ARTESIA, OFFICE ARTESIA, OFFICE ATtres: Suite 507 Texas Commerce Bank Bldg. - Lubbock, Texas 79401 Reason(s) for filing (Check proper box) Other (Please explain) Change in name Operator. Leonard Latch deceased. Business now New Well Change in Transporter of: Recompletion \bigcirc il Dry Gas carried on by his estate in the name of Latch Operations. Change in Ownership If change of ownership give name Leonard Latch, 507 Tex. Comm. Bank Bldg. Lubbock, Texas and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease LC48491A Saunders A 5 Empire 4. State, Federal or Fee 52 Federal Location -1690 North ₹330 East Unit Letter Feet From The 13 175 27E Eddy Line of Section Township Range NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Nava jo Crude Bil Purchasing Company of Amborized Transporter of Casinghead Gas _____ or Dry Gas ____ Box 159 - Artesia, New Mexico 88200 Address (Give address to which approved copy of this form is to be sent) Oi Sec. When Unit Twp. Rge. Is gas actually connected? If well projuces oil or liquids, give location of tanks. В 13 175 27E If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back Gas Well New Well Same Res'v. Diff. Res'v. Deepen Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Lool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Casina Pressure Tubing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Gas - MCF **GAS WELL** Actual Frod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate esting 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.

Janes Latih	
	(Signature)
Agent	

2-28-79

(Title)

(Date)

OM AND GAS_INSPECTOR This form is to be filed in compliance with RULE 1104.

TITLE

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.

OIL CONSERVATION COMMISSION

APR 1 9 1979

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.