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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		7
PRODUCTION OFFICE		

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

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

RECEIVED

MAY 10 1979

O. C. C.
ARTESIA, OFFICE

Operator LATCH OPERATIONS	
Address Suite 507 Texas Commerce Bank Bldg. - 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): Change in name Operator. Leonard Latch deceased. Business Now carried on by his estate in the name of Latch Operations.	

If change of ownership give name and address of previous owner **Leonard Latch - 507 Texas Commerce Bank Bldg.-Lubbock, Texas 79401**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Saunders A	Well No. #6	Pool Name, Including Formation Empire	Kind of Lease State, Federal or Fee Federal	Lease No. UC048491A
Location				
Unit Letter H	1650	Feet From The North	Line and 1065	Feet From The East
Line of Section 13	Township 17S	Range 27E	, NMPM, Eddy County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Box 150 Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.
	Twp.	Rge.
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.	Diff. Res.
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/MCF	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.

Christine L. G. G.
(Signature)

Agent

5-9-79

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 10 1979**, 19

BY *W. A. Gussert*
TITLE **SUPERVISOR, DISTRICT II**

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 monthly tests taken on the well in accordance with RULE 111.

All portions 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.