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

Form C-104
Superseding Old C-104 and C-111
Effective 1-1-65

MAR 12 1979

RECEIVED

O. C. C.

MAR 6 1979

ARTESIA, OFFICE

O. C. C.
ARTESIA, OFFICE

LATCH OPERATIONS ✓

Address
Suite 507 Texas Commerce Bank Bldg. - Lubbock, Texas 79501

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 of 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 79501

II. DESCRIPTION OF WELL AND LEASE

Lease Name Saunders A	Well No. 7	Pool Name, Including Formation Empire 4-SR	Kind of Lease State, Federal or Fee Federal	Lease No. LC048491A
Location Unit Letter B ; 330 Feet From The North Line and 1650 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 159-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 B	Sec. 17S
	Twp. 17S	Rge. 27E
	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'y.	Diff. Res'y.
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 (flow, 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 Latch
(Signature)

Agent

2-28-79

(Date)

(Data)

OIL CONSERVATION COMMISSION

APR 19 1979

APPROVED _____, 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 available 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 change of name, well name or number, or transporter or other such change of conditions.