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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

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

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MAY - 2 1978

Operator LEONARD LATCH		O.C.C. ARTEBIA, OFFICE	
Address Suite 507 Texas Commerce Bank Bldg.		Lubbock, Texas 79401	
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>		Other (Please explain) Designation of transporter	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>		Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Southern Union Gas First International Bldg. Dallas, Texas 75270**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 1	Pool Name, including Formation Red Lake	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter P ; 330 Feet From The South Line and 660 Feet From The East Line of Section 4 Township 17 Range 28 , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co.	Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? yes	When 2-28-78

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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 10-20-37	Date Compl. Ready to Prod. 1-10-38	Total Depth 1370		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Keys Queen Gas	Top Oil/Gas Pay 1240		Tubing Depth					
Perforations OH 1240-1370		Depth Casing Shoe 1240							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	7"		1300						
	6 5/8"		1240		25				

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 214	Length of Test 24hr.	Bbls. Condensate/MMCF Dry	Gravity of Condensate none
Testing Method (pitot, back pr.) Back	Tubing Pressure (Shut-in) none	Casing Pressure (Shut-in) 168	Choke Size 1/4"

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.

Cheryl L. Adams
(Signature)
Accountant
(Title)
4-13-78
(Date)

OIL CONSERVATION COMMISSION
AUG 15 1978
APPROVED
BY **W. A. Gussitt**
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 110A.
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.
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 changes of owner, well name or number, or transporter, or other such change of condition.