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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		7
OPERATOR			2.7
PRORATION OFFICE			ΓŤ

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.	ALITHOPIZATION TO TR	ANSPORT OIL AND	=		1-1-03						
	LAND OFFICE	1	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	TRANSPORTER GAS	RECEIVED										
	OPERATOR											
1.	PRORATION OFFICE	AUG	AUG 2 9 1972									
	Operator											
	Leenard Latch   O. C. C.  Address  ARTESIA, OFFICE											
	1812 Texas Avs. Lubbock, Texas 79401											
	Reason(s) for filing (Check proper bo.	x)	Other (Pleas	e explain)	<del></del>							
	New Well	Change in Transporter of:		• "/								
	Recompletion	OII Dry G	<u>= 1</u>									
	Change in Ownership	Casinghead Gas Conde	ensate	<del></del>	<del></del>							
	If change of ownership give name and address of previous owner <u>Sp</u>	outhern Union Production	Co. Fidelity Un	<del>ion Tewe</del> :	<del>r, Dalles, T</del> e	×aa 75201						
II.	DESCRIPTION OF WELL AND	LEASE										
		Well No. Pool Name, Including F	yes queen to	Kind of Leas		Lease No.						
	Location Vandagriff	Ted Lake	<u> </u>	State, Federa	Faderal	28446a						
	1	Feet From The Li	3100 ne and 1000	Feet From	Ph. 6							
			ne and1658	reetriom	-3							
	Line of Section 5 To	wnship 17 Range	28E , NMPM		dv	County						
m	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	4.0		•							
	Name of Authorized Transporter of Ci		Address (Give address	to which approx	ed copy of this form	is to be sent)						
	<u> </u>				., , ,	,						
	Name of Authorized Transporter of Ca	singhead Gas 🔲 or Dry Gas 🔀	Address (Give address	o which approx	ed copy of this form	is to be sent)						
	Southern Union 3 Co	nany	idelity Union Balling I.x.	: lawer 75201								
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connecte	ed? Whe	n							
			Yes		<del></del>	J						
IV.	COMPLETION DATA	ith that from any other lease or pool,	give commingling order	number:		<del></del>						
	Designate Type of Completic	on - (X)	New Well Workover	Deepen	Plug Back Same	Restv. Diff. Restv.						
	Date Spudded		1	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1						
	Date Spuadea	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	-						
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth							
	Perforations			Depth Casing Shoe								
	HOLE SIZE	DEPTH SET		SACKS STATUT								
	HOLE SIZE CASING & TUBING SIZE		DEFIN SET		SACKS CEMENT							
•			<del></del>		i							
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)						or exceed top allow-						
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lif	, etc.)							
ļ												
-	Length of Test	Tubing Pressure	Casing Pressure		Choke Size							
ŀ	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	<del></del>	Gas - MCF							
	·											
•			4		<del>                                     </del>							
r	GAS WELL		<del>,</del>	·····								
]	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	•	Gravity of Condens	at•						
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	inl	Choke Size							
	, , , , , , , , , , , , , , , , , , ,		Casing Prosed (See	,	Chore Size							
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL C	ONSERVA	TION COMMISS							
			SEI	6 197								
1	hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED, 19									
ì	Commission have been complied washove is true and complete to the	TITLE OIL AND GAS IMSTEUTOR										
	2											
countant			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 deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-									
							_	(Tit	able on new and recompleted wells.			
							-	Aug. 20, 10	972	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.		
	(Da	Separate Forms C-104 must be filed for each pool in multiply										