1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE / FILE / U.S.G.S. LAND OFFICE IRANSPORTER OIL IRANSPORTER OIL GAS / OPERATOR / PRORATION OFFICE Operator LATCH OPERATIN Address Suite 507 Texi Reoson(s) for filing (Check proper box) New Well Recompletion Change in Ownership	REQUEST F	Lubbock, Texas 79401 Other (Please explain) C Leonard Latch de carried on by hi	AR 6 1973 O.C.C. OTENAL OFFICE hange in name of operator ceased. Business now s estate in the name of	
	If change of ownership give name and address of previous owner	Leonard Latch, Suite	507 Tx. Comm. Bk. Bldg	Lubbock, Tx. 79401	
H.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For			
	Vandergriff	7 Vandergriff		al or Fee Federal LC028446A	
	Unit Letter;;	5 Feel From The South Line	and Feet From	The East	
	Line of Section 5 Tow	nship 17 Range 28	ЗЕ , <u>NMPM</u> ,	Eddy County	
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Cashighead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Co. Bartleaville, Oklahoma 74004 Unit Sec. Twp. Bge. Is gas actually connected? When			,	
	If well produces oil or liquids, give location of tenks.	Unit Sec. Twp. Age.	Is gas actually connected? WI	2-24-78	
	If this production is commingled wit	h that from any other lease or pool, g	give commingling order number:		
IV.	COMPLETION DATA Designate Type of Completio		New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.5.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/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 D	DR ALLOWABLE (Test must be af	ter recovery of total volume of load of	l and must be equal to or exceed top allow.	
-	IEST DATA AND REFELSE S over the for the depth or be for full 24 hours) OIL WELL Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Leigth of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Gas • MCF	
	Actual Pred, During Test	011-B118.			
	GAS WELL				
	Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Procours (Bhat-in)	Casing Pressure (Shut-ip)	Choke Size	
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
**	I CERTIFICATE OF COMPENSION 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.		APPROVED APR 1.9 1979 19		
			BY R. a. Aresset		
			TITLE SUPERVISOR, DISTRICT IL		
	In mer Latch		This form is to be filed in compliance with RULE 1104.		
	(Signature)		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.		
	Agent (Title)		All sections of this form must be filled out completely to. Allow- able on new and recompleted wells.		
	2–28–79		The second Continue T	Fill out only Sactions I, II. III, and VI for christen of coner. Il name or number, or transporter, or other such change of condition	
	(L	a-a)	8		