1.	NO. OF COLLES RECEIVED DISTRIBUTION SANTA FE. / FILE / U.S.G.S. LAND OF FICE TRANSPORTER OIL GAS / OPEF / TOR PRO: ATION OFFICE Operator LATCH OPERATIONS Address Suite 507 Texas Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	REQUEST FO AUTHORIZATION TO TRAN	Dbock, Texas 79401 Other (Please explain) Char Leonard Latch decer carried on by his o	IVEU 1979 . C.	
	If change of ownership give name and address of previous owner	Leonard Latch, 507 Texa	as Commerce Bank Bldg	Lubbock, Texas 79401	
11.	DESCRIPTION OF WELL AND LE Lease Name Location Unit LetterC : 660	Veil Neil Poel Name, Including For 3 Vanderfjriff Ke Feet From The North Line	and <u>1540</u> Feet From Th	Federal LUU280>3A	
III.	DESIGNATION OF TRANSPORTE Name of Authorized Transporter of Oli	R OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
	Name of Authorized Transporter of Casin		Address (Give address to which approve Bartlesville, Oklah	oma 74004	
	Phillips Petrol If well produces oil or Haulds, give location of tanks.	Juli Sec. Twp. P.ge.	Is gas actually connected? When VOB	2-28-78	
IV.	this production is commingled with that from any other lease or pool, give commingling order number:				
	Designate Type of Completion		New Well Workover Deepen		
	Date Spudied	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Tep Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND C		CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
•,		RATIOWARIE (Test must be of	ter recovery of total volume of load oil a	ind must be equal to or exceed top allow-	
v	FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to be exceed top utility able for this depth or be for full 24 hours) DIL WFIL able for this depth or be for full 24 hours) Date First New Oil Bun To Tanks Date of Test				
		Tubing Pressure	Casing Pressure	Choke Size	
		011-Bbis.	Water - Bbls.	Gas • MCF	
	Actual Pres. During Test				
	GAS WELL		Bbie, Condensate/MMCF	Gravity of Condensate	
	Actual Front Fort Martin	Length of Test			
	Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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		
			BY U. C. Shesset SUPERVISOR, DISTRICT II		
	Agent		TITLE		
	(Title) 2-28-79		Bile on new and recompleted wells. Fill out only Sactions I. H. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition		
	(Date)		well name or number, or transporter or other address for each pool in multiply. Separate Forms C-104 must be filed for each pool in multiply.		

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