1.	NO. OF COPIES RECEIVED       4         DISTRIBUTION       5         SANTA FE       /         FILE       /         U.S.G.S.       01L         LAND OFFICE       01L         IRANSPORTER       01L         PRORATION OFFICE       0         Operator       1         LEONARD       LATCH         Address       Suite         Suite       507         New Well       1         Recompletion       1	Co Bank Bldg.	Lubboc <sup>1,</sup> , Texas 79401 Other (Please explain) Designation	Ebim C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS E = E I V E D MAY - 2 1978 D. C. C. ARTEBIA, OFFICE
	Change in Ownership	Casinghead Gas 🚺 Conder	isate	
TT	II. DESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No. Pool Name, Including F	ormation Jus Guerr Kind of Leas	e Lease No.
	TE&K	y fied take	State, Federa	al or Fee Federal LCC 28053A
	Unit Letter F	4 Feet From The North Lin	e and Feet From	The West
	Line of Section 10 To	wnship 175 Range	28E , NMPM, Eddy	County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Ca		Address (Give address to which appro	
	Phillips Petroleum Co. If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Pertlesville, Oklamoma Is gas actually connected?	/4004
	give location of tanks.		Yes	2-28-78
If this production is commingled with that from any other lease or pool, give commingling order numbe IV. COMPLETION DATA				
	Designate Type of Completi	on = (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Hes'v, Diff. Res'v,
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	$\frac{9-10-48}{\text{Elevations (DF, RKB, RT, GR, etc.)}}$	11-3-48 Name of Producing Formation	1445 Top Oil/Gas Pay	Tubing Depth
	3541	Keys Queen Gas	1410 /340	Depth Casing Shoe
	Perforations 64 1340 - 1445			1340
		· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD	
	HOLESIZE	CASING & TUBING SIZE		SACKS CEMENT
		111	1351 /340 1350	25 3 X
			1990	
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)			
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size
				1+,-,18
	Actual Prod. During Test	Qil-Bble.	Water-Bbls.	Gas-MCF 3
	GAS WELL Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	216	24 hrs.	Dry	none
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 165	Choke Size 1/4"
VI.	CERTIFICATE OF COMPLIAN		OIL CONSERV.	ATION COMMISSION
			MAY 4 1978	
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED MAY 1978 19	
	above is true and complete to th	with and that the information given a best of my an eledge and belief.	BYN. U. Kresset	
		·	TITLE SUPERVISOR, DISTRICT 11	
	17		This form is to be filed in compliance with RULE 1104.	
	Cherter L'adrive		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the coviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	Accountant			
	<b>4-13-78</b> ( <i>Title</i> )		shie on new and recompleted walls. Fill out only Sections I. H. HI. and VI for changes of owner,	
	(D	lule)	well name or number, or transporter, or other such change of condition.	

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