1.	NO. OF COPILS ALCEIVED   DISTRIBUTION   SANTA FE   /   FILE   U.S.G.S.   LAND OFFICE   TRANSPORTER   OPEF./ TOR   /   PROFATION OFFICE   Operator   LATCH OPERATIO   Address   Suits 507   Reason(s) for filing 7Check proper box/   New We!!   Recompletion   Change in Ownership	REQUEST F AUTHORIZATION TO TRAN	Lubbock, Texas 79401 Other (Please explain) Cha Leonard Latch dec	AS ECEIVEL MAR 6 1979 O.C.C. ARTESIA. OFFICE nge in name of eased. Busines estate in the	operator.
II.	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I Lease Name Location T E & K Unit Letter D ;660		Keys Queen State, Federa	•	79401 Lesse No. LC028053A
111.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approx	ved copy of this form is to	
IV.	Name of Authorized Transporter of Cas Phillips Petre If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.,	h that from any other lease or pool, g	Address (Give address to which approv Bartlesville, Oklai Is gas actually connected? yes give commingling order number: New Well Workover Deepen Total Depth Top Oll/Gas Pay	2-28-78	'v. 'Diff. Res'v.
	Perforations Depth Casing Shoe   TUBING, CASING, AND CEMENTING RECORD   NOLE SIZE   CASING & TUBING SIZE   DEPTH SET   SACKS CEMENT				
		CASING & TUBING SIZE			
V.	TEST DATA AND REQUEST FO OIL, WELL Date First New OII Run To Tanks	DR ALLOWABLE (Test must be af able for this dej Date of Test	ter recovery of total volume of load oil pth or be for full 24 hours) Producing Method (Flow, pump, gas li		exceed top allow-
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	011-BE1.	Water • Bbls.	Gas-MCF	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test Tubing Pressure (Shut-in)	Casing Pressure (Sbut-in)	Choke Size	
	Testing Method (pitot, back pr.)			ATION COMMISSIO	N
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been completed with and that the information given above is true and complete to the best of my knowledge and belief. Mumer Lithe (Signature) Agent		APPROVED APR 1 9 1979 BY APPROVED APR 1 9 1979 BY APPROVED ARE AND A APPROVED APPROVED A APPROVED A APPROVED A APPROVED A APPROVED		
	2 <b>-28-79</b>	ile) ile)	All sectors and recompleted wells. shis on new and recompleted wells. Fill out only Sectiona I. II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multi, 1 omoteted wells.		