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LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Warrior, Inc.	
Address 125 Midland Tower, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of ownership effective November 1, 1976
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner Millard Deck, P. O. Box 1047, Eunice, New Mexico 88231	

Lease Name Lea 407 State		Well No. 4	Pool Name, Including Formation Eumont Yates, JR, Queen	Kind of Lease State, Federal or Fee State	Lease No. E-1673
Location Unit Letter E ; 1904.1 Feet From The North Line and 330 Feet From The West Line of Section 2 Township 21-S Range 35-E , NMPM, Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Co.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation		Address (Give address to which approved copy of this form is to be sent) 4th & Washington, Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.		Unit E	Sec. 2
		Wh. 21-S	Range 35-E
		Is gas actually connected? Yes	When Not available

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test		Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.	
S. A. [Signature] (Signature) PRESIDENT (Title) November 1, 1976 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY _____ Dist. 1, Supr.	
TITLE _____	
This form is to be filed in compliance with RULE 1102.	
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 allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.	

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APR 5 1973

OIL COMPANY, INC.
HOBBS, N. M.