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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 Bldg., Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change In Transporter of:  
 Recompletion  Oil  Dry Gas  Effective November 1, 1976  
 Change In Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner **Millard Deck, P. O. Box 1047, Eunice New Mexico 88231**

**III. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>ALEXANDER</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Eunont</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <b>E</b> , <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b>					
Line of Section <b>7</b> Township <b>21 S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County					

**IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

**EFFECTIVE JANUARY 31, 1977,  
SKELLY OIL COMPANY MERGED  
INTO GETTY OIL COMPANY.**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>General Petroleum Company, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 640, Hobbs, New Mexico 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1135 Eunice, New Mexico 88231</b>
If well produces oil or liquids, give location of tanks. Unit <b>E</b> Sec. <b>7</b> Twp. <b>21S</b> Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b> When <b>1-28-66</b>

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

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>XX</b>		<b>X</b>		<b>X</b>		
Date Spudded <b>5-15-36</b>	Date Compl. Ready to Prod. <b>10-5-73</b>	Total Depth <b>4120'</b>	P.B.T.D. <b>3832' BP 3645</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3504 GR</b>	Name of Producing Formation <b>Queen</b>	Top Oil/Gas Pay <b>3445'</b>	Tubing Depth <b>3435'</b>					
Perforations <b>3799-3830' 3655-3634</b>		Depth Casing Shoe						

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	250'	190
7-7/8	5-1/2	3435	300
7-7/8	4" liner	3251-4119	100
	2-3/8	3720	

**VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

**GAS WELL**

Actual Prod. Test-MCF/D <b>100</b>	Length of Test <b>24</b>	Bbls. Condensate/MMCF <b>--</b>	Gravity of Condensate <b>--</b>
Testing Method (pitot, back pr.) <b>Pitot</b>	Tubing Pressure (shut-in) <b>65</b>	Casing Pressure (shut-in) <b>100</b>	Choke Size <b>1/16</b>

**VII. CERTIFICATE OF COMPLIANCE**

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.

*[Signature]*  
President  
November 1, 1976

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *[Signature]*  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
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 changes of owner, well name or number, or transporter or other such change of condition.  
Submit Form C-104 for each pool in multiply

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