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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 03-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Warrior, Inc.

Address
P. O. Box 5970 Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Effective August 1, 1987</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>L. W. White Comm</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Eumont Yates Seven Rivers Q</u>	Kind of Lease <u>State, Federal or Fee Fee</u>	Lease No.
Location				
Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>North</u>				
Line of Section <u>2</u> Township <u>21</u> Range <u>35</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510 Midland, Texas 79702</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>GPM Gas Corporation</u> <u>EFFECTIVE February 1, 1992</u> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 6666 Odessa, Texas 79702</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>A 2 21 35</u>	Is gas actually connected? When <u>Yes NA</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Mohammed Yamin Merchant

(Signature)

Consulting Engineer

(Title)

August 3, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

ORIGINAL SIGNED BY JERRY TEXTON

TITLE DISTRICT I SUPERVISOR

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

AUG 4 1987

**OCD
HOBBS OFFICE**