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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  GAS  OPERATOR	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
I.	PRORATION OFFICE Operator					
	Warrior, Inc.					
	125 Midland Tower, M Reason(s) for filing (Check proper box New Well		Other (Please explain)			
	Recompletion Change in Ownership	Oil Dry Gar Casinghead Gas Conden	Warranham 1 1076	ip to be effective		
	If change of ownership give name and address of previous owner	L. C.	ox 1047, Eunice, New Mexi	co 88231		
H.	DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.					
	Federal "D" Acct. B	_	7 Rivers Queen State, Federal			
	Unit Letter K ; 19	Feet From The South Lin	e and 1980 Feet From T	heWest		
	Line of Section 26 Tox	waship 20-S Range	36-E , NMPM,	Lea County		
II.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oth	rer of oil and natural ga	Address (Give address to which approve	ed copy of this form is to be sent)		
Texas-New Mexico Pipeline Company  Name of Authorized Transporter of Casinghead Gas 👽 or Dry Gas			P. O. Box 1510. Midland, Texas 79701  Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petroleum Com	npany Unit Sec. Twp. Pge.	4th & Washington, Ode	ssa, Texas 79760		
	If well produces oil or liquids, give location of tanks.	L 26 20-S 36-E	Yes			
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,		Plug Back   Same Resty, Diff. Resty.		
	Designate Type of Completion	on - (X)   Gas Well	New Well Workover Deepen	Plug Bdck Same Nessy, Diff. Nessy,		
	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		<u></u>		Depth Casing Shoe		
		<del></del>	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
*/	TECT DAWA AND DECRET F	OR ATTOWARTE (Test must be at	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-		
٧.	EST DATA AND REQUEST FOR ALLOWABLE. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)  II. WELL  alle First New Oil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)					
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure		Gas - MCF		
	Actual Pred. During Test	OII-Bbla.	Water-Bbls.	Gas - MCr		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shire-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
	I hereby cortify that the rules and	regulations of the Oil Conservation	APPROVED 10 23 1976 . 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Jerry Sexion				
		TITLE Dist 1, Supv.				
	3.a. Green and		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despensed to the destriction of the destriction.			
(Signature) PRESIDENT			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 allow-			
	(Title)		shie on new and recompleted wells.			
	November 1					

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.

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OIL CONSERVATION COMM. HOBBS, N. M.