HO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE Operator	REQUEST	ONSERVATION COMMISSIC FOR ALLOWABLE AND INSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AS
Warrior, Inc. Address 125 Midland To Reoson(s) for filing (Check proper bo New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	Other (Please explain) Change of owners November 1, 1976	hip to be effective
and address of previous owner I. DESCRIPTION OF WELL AND Lease Name Federal "D" Acct. A Location	LEASE Well No. Pool Name, Including F	Rivers Queen State, Federal of	or Fee Federal 64-B
	winship 204S Range	e and Feet From Th 36-E , NMPM,	Lea County
Name of Authorized Transporter of O. Texas-New Mexico Pipe Name of Authorized Transporter of O. Phillips Petroleum Co Kumble and according to Marida	Ine Company asinghead Gas 🗶 cr Dry Gas mpany Unit Sec. Twp. P.ge.	Address (Give address to which approve P. O. Box 1510, Midland Address (Give address to which approve 4th & Washington, Odess Is gas actually connected? When	l, Texas 79701 d copy of this form is to be sent) sa, Texas 79760
give location of tanks.	L 26 20-S 36-E ith that from any other lease or pool,		
Designate Type of Complet Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Oil Well Gas Well Date Compl. Ready to Prod, Name of Producing Formation	New Well Workover Deepen Total Depth Top Oil/Gas Pay	Plug Back Same Res'v. Diff. Res'v P.B.T.D. Tubing Depth Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
7. TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks		fter recovery of total volume of lead oil an pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	
Length of Test Actual Pred, During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bble,	Choke Size Gas-MCF
		<u> </u>	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensats
Testing Method (pitos, back pr.)	Tubing Freesure (Shut-1B)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION GOMMISSION APPROVED	
S. G. Signature) President (^{Title)} November 1, 1976		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 doviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for ellow- able on new and recompleted walls. Fill out only Sections I. D. III. and VI for changes of ander	

(Date)	
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Fill out only Sections I. D. HI. and VI for changes of conver-well name or number, or transporten or other such change of condition.

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1'0''5 1976 OIL CONSERVATION COMM. HOBBS, N. M.