

Operator **WARRIOR, INC.**

Address

21515 Hawthorne Blvd, Suite 625, Torrance, Calif. 90503

New Well ☐ Change in Transporter of: ☐ Change Lease Name due to
Oil ☐ Dry Gas ☐ Battery consolidation

Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>	Battery consolidation
Change in Ownership	<input type="checkbox"/>	Coalinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>	

DESCRIPTION OF WELL AND LEASE				Lease No.
Well No.	Pool Name, including Formation	Kind of Lease		

Lease Name	Well No.	Pool Name, including Formation	State, Federal or Free	U.S.A.	NM18264
Federal "D"	2	Eumont (Yates, S.R., Queens)			

Location _____
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West _____
Line of Section 26 Township 20-S Range 36-E , NMPM, Lea _____ County _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND CONDENSATE		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P.O. Box 2528, Hobbs, NM 88240	
Texas-New Mexico Pipeline Co.		Address (Give address to which approved copy of this form is to be sent)	

Texas-New Mexico Pipeline Co.		P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company GPM Gas Corporation		4th & Washington, Odessa, TX 79760

Phillips Petroleum Company					Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.		

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

COMPLETION DATA

COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Designate Type of Completion - (X)								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RNB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

[illegible]

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

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

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 above is true and complete to the best of my knowledge and belief.

February 18, 1983
(Dai

OIL CONSERVATION DIVISION

APPROVED FEB 22 1983, 19

APPROVED _____
BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation of the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multi-completed wells.

RECEIVED
FEB 21 1983
O.C.D.
HOBBS OFFICE

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