

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR  
Warrior, Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 17479, Fort Worth, Tx 76102

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FN & WL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☒  
SHOOT OR ACIDIZE ☒  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

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OCT 4 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE  
~~LCO 461-64-B~~ NM18264

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal "D" Act. A

9. WELL NO.  
4

10. FIELD OR WILDCAT NAME  
Eumont (Yates, 7-Rivers Queen)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 26, T20S, R36E  
West Eunice

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3581 KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. Pull rods & tubing; test
2. Circulate hole
3. Run pipe inspection and cement bond logs
4. Deepen 100' to 4080'
5. Run logs
6. Selectively perforate & reperforate zones from 3785' to 4080'
7. Hydraulically fracture & treat zones from 3785' to 4080'
8. Put on pump and test.

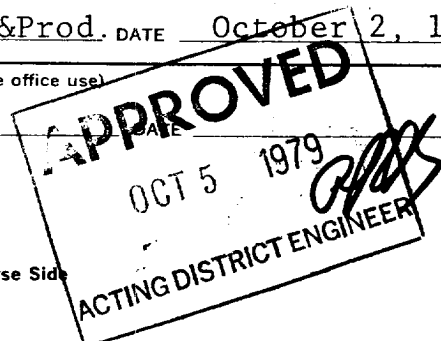
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED K.N. Thomas TITLE V.P. Expl. & Prod. DATE October 2, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_



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O.C.D. HOBBS, OFFICE