

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

WARRIOR, INC.

1515 Hawthorne Blvd, Suite 625, Torrance, Calif. 90503

on(s) for filing (Check proper box)

Well ☐
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Change Lease Name due to
Battery consolidation

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Federal "D" Well No. 8 Pool Name, Including Formation Eumont (Yates, S.R., Queens) Kind of Lease State, Federal or Foreign U.S.A. Lease No. NM18264

Well Letter F ; 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 26 Township 20-S Range 36-E, NMPM, Lea County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Texas-New Mexico Pipeline Co.

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2528, Hobbs, NM 88240

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Phillips Petroleum Company

GPM Gas Corporation

Address (Give address to which approved copy of this form is to be sent)

4th & Washington, Odessa, TX 79760

Well produces oil or liquids, or location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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

COMPLETION DATA

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

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 Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
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.

E.T. Casler Jr (Signature)
Vice President

February 18, 1983 (Date)

OIL CONSERVATION DIVISION
FEB 22 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____
This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multi-completed wells.