## **UNITED STATES** DEPARTMENT OF THE INTERIOR

5. LEASE.	
LCO-461-64-B	NIMIONILL
LCO-401 04-D	1711118007
6 IT INDIAN ALLOTTEE	OD TRIBE WALLE

	160-461 64-B NM 18264
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME
1 oil gos	8. FARM OR LEASE NAME Federal "D" Arct. 15
well 🖾 well 🗀 other	9. WELL NO.
2. NAME OF OPERATOR	9
Warrior, Inc. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
Box 17479, Fort Worth, Tx 76102	11 000
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 26, T205, R36E,
below.)	West Eunice
AT SURFACE: 660' FNL & 1980' FWL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same	Lea New Mexico
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT, OR OTHER DATA	15 FLEVATIONS (CO.)
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3578 DF
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3370 DI
RACTURE TREAT	[ [n]
MOOT ON ACIDIZE XI	
REPAIR WELL UCT 4 197	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	B 2 2 3 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
CHANGE ZONES U. S. GEOLOGICAL	SURVEY
BANDON*   HOBBS, NEW ME other)	EXICO
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dir measured and true vertical depths for all markers and zones pertinent	all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and to this work.)*
1. Pull rods and tubing; test	
2. Circulate hole	
3. Run pipe inspection & cement bond 1	ogs
4. Selectively perforate and reperfora	
	te zones from 3680' to 391
5. Hydraulically fracture and treat zo	te zones from 3680' to 391
<ul><li>5. Hydraulically fracture and treat zo</li><li>6. Put on pump and test</li></ul>	te zones from 3680' to 391
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<ul><li>5. Hydraulically fracture and treat zo</li><li>6. Put on pump and test</li></ul>	te zones from 3680' to 391 nes from 3680' to 3910'
5. Hydraulically fracture and treat zo 6. Put on pump and test  ubsurface Safety Valve: Manu. and Type	te zones from 3680' to 391 nes from 3680' to 3910'
5. Hydraulically fracture and treat zo 6. Put on pump and test  ubsurface Safety Valve: Manu. and Type	te zones from 3680' to 3910' nes from 3680' to 3910' Set @Ft.
5. Hydraulically fracture and treat zo 6. Put on pump and test  ubsurface Safety Valve: Manu. and Type  B. I hereby certify that the foregoing is true and correct  GNED R. N. Thomas	te zones from 3680' to 3910' nes from 3680' to 3910'  Set @Ft.
5. Hydraulically fracture and treat zo 6. Put on pump and test  ubsurface Safety Valve: Manu. and Type  8. I hereby certify that the foregoing is true and correct  GNED TITLE V. P. Expl. & P.	te zones from 3680' to 3910' nes from 3680' to 3910'  Set @Ft.

OCT 5 1979
ACTING DISTRICT ENGINEER

OCT - 9 TO O.C.D. HOBBS, OFFICE