

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
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Operator	

0+4-NMOCD

1-Warrior, FW REQUEST FOR ALLOWABLE

1-File

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Warrior, Inc. (P. O. Box 17479, Ft. Worth, TX 76102)

Address

%P. O. Box 1737, Hobbs, NM 88240

Reason(s) for filing (check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease To
State WE "I" 32	3	Eumont Yates 7-Rivers Queen	State, XXXXXXXXX	
Location				
Unit Letter	J	1980 Feet From The	East Line and	1980 Feet From The
			South	
Line of Section	32	Township	20S	Range
			36E	NMPM,
			Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum	Box 67, Monument, NM 88265	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No	

If 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 Resv. Type
		X	X				
Date Added	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
12-10-80	3-11-81	3917'					
Elevations (DI, RHH, I.F., GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
3626.3 GL	Eumont Yates 7-Rivers Queen	3604'		3420'			
Perforations				Depth Casing Shoe			
None							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8	352	150 sxs Class C
7 7/8	5 1/2	3419	450 sxs Econolite + 150 sxs Class C
	2 3/8		

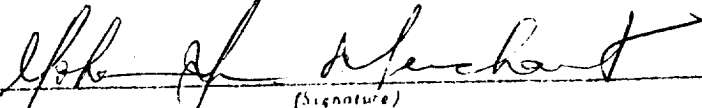
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of
OIL WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top of
able for this depth or be for full 24 hours)

Date First New Oil Prod. 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/MMCF	Gravity of Condensate
161	24 hrs.	-	-
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Backpressure	620 psig	700 psig	1"

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.
(Signature)

Consulting Engineer

5-1-81

(Date)

OIL CONSERVATION DIVISION

JAN 6 1983

APPROVED _____, 19____

BY _____

JERRY SEXTON

TITLE _____

DISTRICT 1 SUPR.

This form is to be filed in compliance with RULE 1.01.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviated
tests taken on the well in accordance with RULE 1.11.All sections of this form must be filled out completely for allow-
able 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 Form C-104 must be filed for each pool in multiple
completion wells.