STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

0+4-NMOCD
1-Warrior, FW REQUEST FOR ALLOWABLE
1-File AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

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 [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead 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 No.
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 [X] 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 Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-10-80	3-11-81	3917'	
Elevations (DF, RKB, RT, 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 allowable for this depth or be for full 24 hours)

OIL WELL

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/MMCF	Gravity of Condensate
161	24 hrs.	-	-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Backpressure	620 psig	700 psig	1/4"

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
(Title)

5-1-81
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1983, 19

BY ~~ORIGINAL SIGNED BY~~ JERRY SEXTON

TITLE ~~DISTRICT I SUPR.~~

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 allowable 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 multiple completed wells.