

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN THIS MANNER
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 3625

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 different reservoirs. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Warrior Inc.

3. ADDRESS OF OPERATOR
Box 17479 Fort Worth, Texas 76102
C/O Hobbs Pipe & Supply Box 2010 Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3522' D.F.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "A"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Littman San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

S-20, T-21-S, R-38-E

12. COUNTY OR PARISH 13. STATE

Lea

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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. Set 35 sx Plug @ 4,380' - 4,280'
2. Set 35 sx Plug @ Stub of 5 1/2 casing.
3. Set 35 sx Plug @ ~~1,700' - 1,800'~~ 1650' - 1750'
4. Set 35 sx Plug @ ~~570' - 670'~~ 671' - 721'
5. Set 15 sx @ Surface
6. Erect Marker
7. We have contacted Bobby Wallach, the Surface Owner. We have agreed to clean and level the location and leave the road in tact for his use.

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

SIGNED

[Signature]

TITLE

Agent

DATE

2-4-81

(This space for Federal or State office use)

APPROVED BY

(Orig. Sgd.) PETER W. CHESTER

TITLE

ACTING DISTRICT ENGINEER

DATE

FEB 11 1981

CONDITIONS OF APPROVAL, IF ANY: