

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2058
SANTA FE, NEW MEXICO 87501

Form O-104
Revised 10-01-75
Format 03-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
WARRIOR, INC.

Address
PO BOX 5315, Hobbs NM 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea 407 State	Well No. 1	Pool Name, Including Formation Eumont Yates Seven Rivers Queen	Kind of Lease State, Federal, or Fee	Lease No. E-1673
Location Unit Letter <u>S</u> : 1980 Feet From The <u>South</u> Line and 1980 Feet From The <u>West</u> Line of Section 2 Township <u>21S</u> Range <u>35E</u> NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

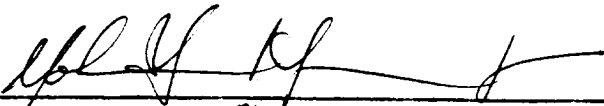
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading & Transportation Co.	POBox 6196, Midland, TX 79711-0196
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum 66 Rath Ave GPM Gas Corporation	Phillips Pet. Bldg. Room 710, Odessa TX 79760
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>S</u> Sec. <u>2</u> Twp. <u>21S</u> Rge. <u>35E</u>	Yes date unknown

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)
Consulting Engineer
(Title)
July 8, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 11 1986, 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 deepened well, this form must be accompanied by a tabulation of the deviated 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, transporter or other such change of condition.
Separate Forms O-104 must be filed for each pool in multiple completed wells.

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