1.	HO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	REQUEST	CONSERVATION COMMISSIC FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Oid C-104 and C-110 Effoctive L-1-65 GAS
Warrior, Inc.				
	125 Midland Tower, Midland, Texas 79701 Reason(s) for filing (Check proper bax) Other (Please explain)			
	New Well	Change in Transporter of:	Other (Please explain) Change of Owner	ship offerting
	Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde	November 1 107	6
	If change of ownership give name and address of previous owner	Millard Deck, P.O. B	ox 1047, Eunice, New Me	xico 88231
П.	I. DESCRIPTION OF WELL AND LEASE			
ř	Lease Nome Lea 407 State	Well No. Pool Name, Including F 2 Eumont Yates 7		Lease .vo.
1	Location Case E-1075 Unit Letter F 1980 Feet From The North Line and 1980 Feet From The West			
		whiship 21-S Range		
ня			35-E , NMPM,	Lea County
	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Texas New Mexico Pipe Line Co. Address (Give address to which approved copy of P. O. Box 1510, Midland, Texa Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of Authorized Transporter of Casinghead Gas X or Dry Gas		d, Texas 79701	
	El Paso Natural Gas	Co.	Box 1492, El Peso, Texa	85
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. F 2 21-S 35-E	Is gas actually connected? Window Wi Window Window Win Window Window Wi Window Window	Not available
If this production is commingled with that from any other lease or pool, give commingling order number: IV. <u>COMPLETION DATA</u>				
	Designate Type of Completion	on - (X)	New Weil Workover Deepen	Plug Back Same hus'v, Diff. Restv.
	Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	erforations		+	Depth Casing Shoe
	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE		CEMENTING RECORD	
			DEPTH SET	SACKS CEMENT
V .	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) Date First New Oil Run To Tanks (Date of Test) (Froducing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oll-Ebis.	Water-Bbls.	Gas-MOF
_	GAS WELL			
	Actual Fred, Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condernate
	Testing Method (pilot, back pr.)	Tubing Prossure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	
	above is true and complete to the best of my knowledge and belief.		BYJorry Sexted	
			TITLE	
	J.a. Hrun (Signa		If this form his to be fired in compliance with NOLE from. If this is a request for sllowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the weil in accordance with RULE 111. All sections of this form must be filled out connectly for slice- able on new cast recompleted wells. Fill out only Sections I, II. III, and VI for charges of owner, well name or number, or transported to other such charge of condition.	
-	PRESIDENT (Tit			
-	November 1, 1976			

Fill out only Sections I, II, II, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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REDENCED

OIL CONSERVATION COMM. HOBBS, N. M.