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Appropriate District Office
DISTRICT !
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	•	TOTRA	NSP	ORT OIL	AND NA	TURAL GA	<u>\S</u>	AV XV:			
Operator	Well API No. - 30-025-03407										
Warrior, Inc.								UUX	J U.3 4	<u> </u>	
Address P. O. Box 5970, Hob	bs. NM 8	8241-5	970								
Reason(s) for Films (Check proper box)					Oth	et (Please explo	iin)		,		
New Well		Change in	Transp	corter of:	F	Effective	09/15/9	93			
Recompletion	Oil	X	Dry G								
Change in Operator	Casinghea	d Gas	Conde	comic							
change of operator give name and address of previous operator				-							
I. DESCRIPTION OF WELL	ANDIE	SE									
Lease Name				d of Lease Lease No.							
State AK	2 Eumont Ya				10			F-6952			
Location								_			
Unit Letter P	:33	0	_ Feet I	From TheE	ast Li	e and4214	1.1 Fo	et From The .	North	Line	
										Country	
Section 3 Town	hip 21	S	Range	e 35E	: , N	MPM, I	Lea			County	
II. DESIGNATION OF TRA	NSPORTE	ROFO	ΤΙ. Α?	ND NATIII	RAL GAS						
Name of Authorized Transporter of Oil		or Conde			Address (Giv	ne address to wi	hich approved	copy of this f	orm is to be se	nt)	
Petro Source Partners, Ltd.					9801 Westheimer, Suite 900, Houston, TX 77042						
Name of Authorized Transporter of Car	y Gas 🔚	Address (Give address to which approved copy of this form is to be sent)									
	rp_										
If well produces oil or liquids, zive location of tanks.	Unit	Sec.	Twp	Rge.	ls gas actual	y compected?	When	7			
f this production is commingled with the		or lease or		rive comminal	ing order sum	her-					
IV. COMPLETION DATA	at from any ou	SET TOURSE OF	μω, χ	g ve containings	ing oron and						
Designate Type of Completion	n - (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations				· · · · · · · · · · · · · · · · · · ·	<u> </u>			Depth Casir	ig Shoe		
		TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACIS CEMENT			
											
		-									
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLI	E					for 6.11 24 hors	\	
OIL WELL (Test must be after			of load	d oil and must	be equal to or	r exceed top all lethod (Flow, p	owable for the	aepin or be	JOY JULI 24 NOV	73.)	
Date First New Oil Run To Tank	Date of Te	e at			Producing In	Busou (Fiow, p	ωτφ, 8 ω 191, 1	 /			
Length of Test	Tubing Po				Casing Press	ure		Choke Size			
Denkin or year	1 doing 11	Tubing Pressure									
ctual Prod. During Test Oil - Bbls.					Water - Bbu	L		Gas- MCF			
					<u></u>			1			
GAS WELL											
ciual Prod. Test - MCF/D Length of Test					Bbls. Conde	asste/MMCF		Gravity of Condensate			
Toring Marked (sites &k)	Tubina De	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	i would be										
VI. OPERATOR CERTIF		COM	PLIA	NCF.				A T ! C ! !	DIV (IC)		
I hereby certify that the rules and re						OIL CO				אכ	
Division have been complied with a	and that the info	onnation gi	ven abo	ove			SFF	2019	193		
is true and complete to the best of t	ny knowledge a	and belief.			Dat	e Approve	ed				
DRO LIA	L	<i>(/</i>									
Same of the same o	1				By_	OPIGI	NAL SIGNE	D BY JER	Y SEXTON	<u> </u>	
Signature Mohammed Yamin Mer	chant	F	resi	ident		GK131	DISTRICT	SUPERVI	SOR		
Printed Name		(505)3	Title		Title	·					
09/15/93 Date		· - · · ·	lephone								
:J215		16			1.1						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

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