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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Warrior, Inc.
Address
125 Midland Tower, Midland, Texas 79701
Reason(s) for filing (check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ **.Effective November 1, 1976**
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Millard Deck, P.O. Box 1047, Eunice, New Mexico 88231**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic State	Well No. 1	Pool Name, including formation Eumont Seven Rivers Queen	Kind of Lease State, Federal or Fee State	Lease No. E-6952
Location Unit Letter K 3225 Feet From The North Line and 2310 Feet From The West Line of Section 3 Township 21-S Range 35-E 14NPM 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) EFFECTIVE: February 1, 1992	
Phillips Petroleum Company	Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks. K 3 21-S 35-E	Yes	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top of Gas Pay		Tubing Depth			
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)


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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

PRESIDENT

(Title)

November 1, 1976

(Date)

OIL CONSERVATION COMMISSION

NOV 23 1976

APPROVED _____, 19 _____

BY Orig. Signed 

BY Harry Sexton

TITLE Dist. 1, Supr.

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

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 multiply completed wells.

RECEIVED
MAY 5 1976
OIL CONSERVATION COMM.
HOBBS, N. M.