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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

Operator <b>Warrior, Inc.</b>	
Address <b>125 Midland Tower, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<b>Change of ownership effective November 1, 1976</b>	

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

Lease Name <b>State W E "B" Btry.2</b>		Well No. <b>1</b>	Pool Name, Including Formation <b>Eumont Yates 7 Rivers Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-392</b>
Location					
Unit Letter <b>C</b>	<b>660'</b>	Feet From The <b>North</b>	Line and <b>1980'</b>	Feet From The <b>West</b>	
Line of Section <b>13</b>	Township <b>21-S</b>	Range <b>35-E</b>	NMPM, <b>Lea</b>	County	


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)			
<b>Shell Pipeline Company</b>		<b>P. O. Box 2648, Houston, Texas 77001</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<b>Phillips Petroleum Company</b>		<b>GPM Gas Corporation, 1422 &amp; Washington, Odessa, Texas 79760</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>13</b>	Twp. <b>21-S</b>	Rge. <b>35-E</b>	Is gas actually connected? <b>Yes</b>

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Unl. Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	

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.	
	
<b>President</b>	
<b>November 1, 1976</b>	

OIL CONSERVATION COMMISSION	
APPROVED <b>NOV 02 1976</b> , 19	
BY <b>Jerry Sexton</b>	
TITLE <b>Dist. 1, Supv.</b>	
This form is to be filed 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 correlation 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.	

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1976 1976  
OIL & GAS DIVISION  
DOBBY, N. M.