Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRANS	PORT OIL	AND NAT	URAL GA	S					
perator						Well Al			30 025 03463		
WARRIOR	Inc_		,	gue Es	•	4	3000	3 00	700		
uddress POBOX 5	970	Hobbs	s NV	n 882							
Reason(s) for Filing (Check proper box)			<u></u>	t (Please expla						
New Well		Change in Tran		(yeti.	. 1	11,193				
Recompletion ————————————————————————————————————	Oil Cazinghead	_ `	ndensate	9	guu.	~~~	11113				
change of operator give name											
ad address of previous operator											
I. DESCRIPTION OF WEL	L AND LEA	Well No Box	ol Name, Includ	ing Formation		Kind o	f Lease		se No.		
State WE'E	E'E' & 1 Eumont				Vates SRQ (Sinc)			Federal or Fee E-395			
Location	71			0		7231D)	50.+	,		
Unit Letter	_: <u>_</u> 2:	310 Fee	st From The	Vest Lin	and	Fe	et From The	20 uci	Line		
Section 13 Town	2	18 Rai	A	35E,N	ирм.		Z	ea_	County		
Section / O Town	snip	7 O KE	<u> </u>	<u>, </u>							
II. DESIGNATION OF TRA	ANSPORTE	R OF OIL	AND NATU	RAL GAS	e address to wh	:	annu of this fo	nem is to be see	nt)		
Name of Authorized Transporter of Oi	م لکما م	or Condensate		DA B	4 466 C	/	ston	JK 77:	40-46		
Name of Authorized Transporter of O	cinghead Gar		Dry Gas	Address (Giv	e address so wh	ich approved	copy of this fo		nt)		
GPM / Jus	Corso	ition		4044	Penos	ook (den	- 04	79762		
if well produces oil or liquids,	Unit	Sec. Tw	n Rec	is gas actuali	y connected?	When	? N/A	-			
ive location of tanks.		1316		rling order mm	/V//Y		10/11	<u></u>			
this production is commingled with to V. COMPLETION DATA	ast from any oth	er tease or poor	i, give communi	Stiff Order provis	····						
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completi			<u> </u>	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>	<u> </u>		
Date Spudded	te Spudded Date Compi. Ready to Prod.				Total Depar			F.B. I.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe			
Perforations							Бери Сан.	.g C			
		TIBING, C	ASING ANI	CEMENTI	NG RECOR	D					
HOLE SIZE					DEPTH SET			SACKS CEMENT			
							 				
V. TEST DATA AND REQU	JEST FOR A	ALLOWAB	LE			. E.J d'am dh	in damek om ba	for full 24 hou	ere i		
OIL WELL (Test must be af	ter recovery of u	otal volume of l	load oil and mu	21 be equal to o	exceed top all lethod (Flow, p	owabie jor in ump. gas lift.	etc.)	JOF JEEL 24 NO.			
Date First New Oil Run To Tank	Date of Te	選			(
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
				Water - Bbis.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.									
C. C. WELL											
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF			Gravity of Condensate				
							Choke Size				
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)						
			TANCE		<u></u>						
VI. OPERATOR CERTIL					OIL CO	NSERV	'ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					NOV 3 0 1993						
is true and complete to the best of	my knowledge	and belief.		Dat	e Approve			- 			
1BO ALAD.	C.				OBIGINIA	I CIFTIMM	BV IPPE	^*\/=**°			
Signature,					ORIGINA	STRICT IS	BY JERRY !	SEXTON_			
MOHAMMED TA	mIN M	ERCHA	Nt_								
Printed Name 11/10/93	.573<	1 397-3	iue 3596	Title) <u>···</u>						
Traile 13		Teleph	ione No.	- 11							

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.