NO. OF COPIES RECEIVED		i	
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

1.	SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE	1	FOR ALLOWABLE AND ANSPORT OIL AND	,	Effective [-]	ld C-104 and C-1 65		
	Operator Warrior, Inc.							
	Address	Addend Towns 70701						
	125 Midland Tower, Meason(s) for filing (Check proper box		Other (Pleas	e explain)				
	New Well Recompletion	Change in Transporter of: Otl Dry Go	Change	of owne	rship to be eff	ective		
	Change in Ownership X	Casinghead Gas Conde	Novemb	er 1, 19	76			
	If change of ownership give name and address of previous owner	Millard Deck, P. O.	Box 1047, Eunic	e, New M	exico 88211			
II.	DESCRIPTION OF WELL AND	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.						
	State WE "B" Btry.		7 Rivers Queen	3	^{al or Fee} State	E-392		
	Location P 660	South	660°		The East			
	One Letter	Feet From The South Lir	35-E , NMPM	Feet From	Lea	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			•		
	Name of Authorized Transporter of Oil Shell Pipeline Compa		Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Ca	singhead Gas 📉 💮 or Dry Gas 🦳	P.O. Box 2648, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)					
	Phillips Petroleum (If well produces oil or liquids,	Unit Sec. Twp. Rge.	4th & Washingt Is gas actually connect		sa, Texas 7976	0		
	give location of tanks.	P 24 21-S 35-E	Yes	I				
IV.	If this production is commingled wi COMPLETION DATA	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA						
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	stv. Duf. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth			
	Perforations	Depth Casing Shoe						
		TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CE	MENT		
						an programme myster i ver forgest steps agternate versje omgever		
		. •						
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total voluments for be for full 24 hours	me of load oil	and must be equal to or	exceed top allow-		
	OIL WELL able for this de 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			
	Annal Food Busine Tree	Oil-Bbis.	Water - Bbis.		Gas-MCF	k galanda 1971 i 1994 ki 10 të Saksa dhiridhardinin m		
	Actual Prod. During Test	CH-DMG.	744 55191					
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size			
			1					
VI.	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		OIL CONSERVATION COMMISSION					
			APPROVED 19 19 19					
above is true and complete to the best of my knowledge and belief.		BY Orig. Signed by Jorry Serion						
	. /		11		L. Supve			
	X Breem	and	If this is a requ	seat for alloy	compliance with RUL:	benenech to be		
	(Signature) President		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	(Tie	le)	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
	Novemb (De	Fift out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition						

OIL 3. 1973

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		1	

NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE		AND		Effecti	ve 1-1-65
	U.S.G.S.	AUTHORIZATION TO T		ATURAL I	GAS	
	LAND OFFICE					
	TRANSPORTER OIL GAS					
	OPERATOR					
I.	PRORATION OFFICE					
•	Operator					
	Adding MILLARD DECK OIL COMPANY					
	Address					
	P. O. Box 1047,	Eunice, New Mexico 8823	1			
	Reason(s) for filing (Check proper in New Well		Other (Please	explain)		
	Recompletion	Change in Transporter of: Oil Dry				
	Change in Ownership		densate			
ı					-,	
	If change of ownership give name and address of previous owner _	Millard Deck, P. O.	Roy 10/7 Fundas	Non- Man		
			MA 1047, EUIIICE,	New Mex	TCO OOZJI	
۱.	DESCRIPTION OF WELL AN					
	Lease Name	Well No. Pool Name, Including		Kind of Lease	-	Lease No.
}	State WE "B" Bty 3	5 Eumont Yate	s 7 Rivers Oueen	State, Federal	l or Fee ———————————————————————————————————	te E=392
ļ						
	Unit Letter p ;	660 Feet From The South	ine and660	Feet From T	The <u>East</u>	
	Line of Section	Fownship 338 Range	ase , NMPM,			_
	24	215 Hange	35E , NMPM,	——Le	a	County
i . <u>j</u>	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS			
	Name of Authorized Transporter of (or Condensate	Address (Give address to	which approv	ed copy of this fo	rm is to be sent)
ļ	Shell Pipe Line Com	pany'	P. O. Box 2648	Housto	on. Texas	77001
į	Name of Authorized Transporter of (Tasinghead Gas or Dry Gas	P. O. Box 2648 Address (Give address to	which approv	ed copy of this fo	rm is to be sent)
-	Phillips Petroleum	Company Sec. Twp. Rge.	4th & Washingt Is gas actually connected	on, Odes	ssa, Texas	79760
	If well produces oil or liquids, give location of tanks.			? Whe	'n	
L		P 24 21S 35E				
7. (COMPLETION DATA	with that from any other lease or pool	, give commingling order n	umber:		
ſ		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v. Diff. Res'v.
L	Designate Type of Complete	ion – (X)		i I	1	!
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
-	Element (DE DIVE on			···		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
-	Perforations			·	Donah C	
					Depth Casing Sh	00
+	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE			SACKS CEMENT	
_						
-						
L			<u> </u>			
	TEST DATA AND REQUEST I		after recovery of total volume epth or be for full 24 hours)	of load oil at	nd must be equal:	to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas life	, etc.)	
			p, .	, ••••,		
T	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
7	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF	
_	AG WEST					
_	Actual Prod. Test-MCF/D	Length of Test	Bhie Cardenan Anna			
'		Tourday of 1000	Bbls. Condensate/MMCF		Gravity of Conde	nsate
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-is	.,	Choke Size	· · · · · · · · · · · · · · · · · · ·
		(0.000)		,	Chord Bill	
$\overline{\mathbf{c}}$	ERTIFICATE OF COMPLIAN	ICE	011 00	NSERVAT	ION COMMIS	
·	Entiricate of competation	ICE	OIL CO	NOCKVAI	ION COMMIS	SION
ī	hereby certify that the rules and	regulations of the Oil Conservation	APPROVED			19
C	ommission have been complied	with and that the information given				·
above is true and complete to the best of my knowledge and belief.		BY				
			TITLE			
millard Dec			m1 1 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4	£:1-d 1		
		and Nead	This form is to be		•	
	(Signature)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation			
	Owner-Op	tests taken on the wel	l in accords	ance with RULE	111.	
		ile)	All sections of thi	s form must pleted well	De filled out co	empletely for allow-
_	April 30	. 1973	Fill out only Sec	tions I, II,	III, and VI for	changes of owner,
	40	ate)	well name or number, or	transporter	or other such c	hange of condition.

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