THE PASS TOWNERS WHEN THE PASS TO STATE OF THE PASS				
THE BE COPIES RECEIVED				
DISTRIBUTION				
SANTA PE				
FILE				
U.S.G.S.				
LAND OFFICE				
OPERATOR	Т			

OIL CONSERVATION DIVISION

SANTA FE				
	SANTA FE,	NEW MEXICO 87501		Revised 10-1-78
FILE			5a. Indie	nte Type of Lease
U,\$.G.\$.			State	Fee .
LAND OFFICE			5. State	Oil & Gas Lease No.
OPERATOR	,			· ·
		70.0	11111	emmmumm
SUNDR	Y NOTICES AND REPORT	TS ON WELLS PLUG BACK TO A DIFFERENT RESERVOIR		
USE "APPLICAT	ION FOR PERMIT -" (FORM C-101)	FOR SUCH PROPOSALS.)	2 11511	
11. OIL - 6A8 -		•	7. Unit 7	greement Name
Werr X Werr	OTHER-			
2. Name of Operator			1	or Lease Name
Warrior Inc. % Unique	Engineering, Inc.		Free	dman State
3. Address of Operator			9, Well h	lo.
P. O. Box 5315, Hobbs	New Mexico 88241		2	
4. Location of Well	, new neares sold		10. Field	and Pool, or Wildcat
	20 Fa	s+ 330	Jalı	nat
UNIT LETTER A	PEET FROM THE	St LINE AND 330	PEET FROM	mmmmi
		014		
THE North LINE, SECTION	ON36 TOWNSHIP	21S 35E	имрм.	
				<i></i>
	15. Elevation (Show	whether DF, RT, GR, etc.)	12. Cour	" (
	[[[[]]			
16. Chark	Appendiate Box To Indi	cate Nature of Notice, Repo	er or Other Data	
	• • •	-	EQUENT REPOR	
NOTICE OF IN	NTENTION TO:	2082	EQUENT REPUR	ti OF:
			\Box	רח
PERFORM REMEDIAL WORK	PLUG AND ASAND	ON REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON X		COMMENCE DRILLING OPHS.		PLUG AND ASANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JO		
		OTHER Well tempo	rarily abande	on. X
OTHER	<u>-</u>			
				
17. Describe Proposed or Completed Op	perations (Clearly state all perti	nent details, and give pertinent dates	including estimated	date of starting any proposed
work) SEE RULE 1103.				
Well temporarily aban	ndened due to non ac	onomical production.		
		Official production.		
Awaiting secondary re	ecovery.			
			•	
				•
				•
•				
18. I hereby certify that the information				
•	n above is true and complete to t	he best of my knowledge and belief.		
•	n above is true and complete to t	he best of my knowledge and belief.	DATE	6/11/84
18. I hereby certify that the information	n above is true and complete to t		DATE	6/11/84
18. I hereby certify that the information	Acho f	he best of my knowledge and belief. President		
18. I hereby certify that the information	Acho f	he best of my knowledge and belief. President		
18. I hereby certify that the information	Acho f	he best of my knowledge and belief. President		
18. I hereby certify that the information	W. Seay	he best of my knowledge and belief. President		