

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Zia Energy, Inc.

Address P.O. Box 2219, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

If change of ownership give name and address of previous owner Warrior, Inc., 9401 Wilshire Blvd.-Suite 570, Beverly Hills CA 90212-2928

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>B J</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Eumont - Y, SR, Qu</u>	Kind of Lease State, Federal or Fee	Fee	Lease N
Location					
Unit Letter <u>P</u>	<u>660</u>	Feet From The <u>East</u>	Line and <u>660</u>	Feet From The <u>South</u>	
Line of Section <u>17</u>	Township <u>22 South</u>	Range <u>37 East</u>	NMPM,	Lea	Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipe Line</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texas Producing, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3000, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>17</u> Twp. <u>22S</u> Rge. <u>37E</u>	Yes <u>2/21/74</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Don D. Wilson
(Signature)
Engineer
(Title)
11/23/88
(Date)

OIL CONSERVATION DIVISION
DEC 2 1988
APPROVED _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.