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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"/>	<b>Change effective November 1, 1976</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Shell State</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Langlie-Mattix-Queen</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1167-12</b>
Location				
Unit Letter <b>K</b>	<b>1980</b>	Feet From The <b>South</b> Line and <b>1980</b>	Feet From The <b>West</b>	
Line of Section <b>36</b>	Township <b>24-S</b>	Range <b>36-E</b>	<b>Lea</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492, El Paso, Texas 79900</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>36</b>	Twp. <b>24-S</b>	Rge. <b>36-E</b>	Is gas actually connected? <b>Yes</b>	When <b>10-4-68</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

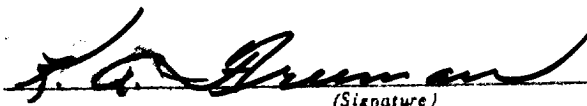
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

  
**PRESIDENT** (Signature)  
**November 1, 1976** (Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Jerry Sexton** Orig. Signed \_\_\_\_\_  
TITLE **Dist 1, Supr.**

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 deviation 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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10 15 1976  
OIL CONSERVATION COMM.  
HOBBS, N. M.

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
OCT 1 11 59 AM '68

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Millard Deck	
Address P. O. Box 409, Eunice, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	PURSUANT TO THE OIL CONSERVATION COMMISSION TO PRODUCE OIL AND NATURAL GAS FROM A WELL OR WELLS IN A LEASE EXEMPTION TO THIS RULE HAS BEEN OBTAINED BY:  12/10/67
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell State	Lease No.	Well No. 1	Pool Name, including Formation Jalmat Yates Seven Rivers	Kind of Lease State, Federal or Fee State
Location				
Unit Letter K	1980	Feet From The South	Line and 1980	Feet From The West
Line of Section 36	Township 24 S	Range 36E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Co.	P. O. Box 1510, Midland, Texas					
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)					
El Paso Natural Gas Co.	P. O. Box 1492 El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36	Twp. 24S	Rge. 36E	Is gas actually connected? Waiting for correction	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/15/68	Date Compl. Ready to Prod. 9/16/68		Total Depth 3440'		P.B.T.D. 2990'			
Elevations (DF, RKB, RT, GR, etc.) 3258' GR	Name of Producing Formation Yates Seven Rivers		Top Oil/Gas Pay 2630		Tubing Depth 2720'			
Perforations 2730' - 2802'					Depth Casing Shoe 3440'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24# used		333'		335 sxs - circulated			
7 7/8"	5 1/2" 15.50# used		3440'		455 sxs.			
		2 3/8" OD EUE	2720'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/18/68	Date of Test 9/18/68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 250#	Casing Pressure 350#	Choke Size 24/64"
Actual Prod. During Test 192 bbls	Oil - Bbls. 42 bbls	Water - Bbls. 150 bbls	Gas - MCF 385

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Millard Deck  
(Signature)  
Owner - Operator  
(Title)  
9/25/68  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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 deviation 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.