

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-065151
2. NAME OF OPERATOR Orbit Enterprises, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, New Mexico 88241	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 660' FNL & 585' FWL of Sec. 19	8. FARM OR LEASE NAME Brown "51"
	9. WELL NO. 1
	10. FIELD AND POOL OR WILDCAT Sawyer San Andres
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 19, T9S, R38E
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DR, RT, CR, etc.) 3967 GL	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF	
TEST WATER SHUT-OFF	PLUG OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	RECEIPTLY COMPLETION	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Return to Production	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Installed pumping unit. Well returned to production 7/5/88. Pump
4 bbls oil, 6 bbls water, 24 hours.

RECEIVED
JUL 21 11 32 AM '88
CARRIZO AREA

18. I hereby certify that the foregoing is true and correct

SIGNED W. J. Hall TITLE Agent DATE 7-20-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side