

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.E.	
LEAD OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Orbit Enterprises, Inc.	
Address c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241-0755	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate Effective January 1, 1985

If change of ownership give name and address of previous owner **Marks & Garner Production Company, P.O. Box 755, Hobbs, NM 88241-0755**

II. DESCRIPTION OF WELL AND LEASE

LC-065151

Lease Name Brown "51"	Well No. 1	Pool Name, including Formation Sawyer San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location				
Unit Letter D : 660 Feet From The North Line and 585 Feet From The West				
Line of Section 19 Township 9S Range 38E , NMPM, Lea 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"/> J.M. Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2000 North Tower Plaza of the Americas, Dallas, TX 75201	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 19
	Twp. 9S	Rge. 38E
	Is gas actually connected? Yes	When 6/1/78

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.

Donna Hall
(Signature)
Agent
(Title)
1/25/85
(Date)

OIL CONSERVATION DIVISION

JAN 30 1985

APPROVED _____, 19____
Eddie W. Seay
BY **Oil & Gas Inspector**
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.

RECEIVED

JAN 28 1985

**O.C.D.
HQBHQ OFFICE**