Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
En., Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

٨.	l,	O I INA	<u> </u>	70	HI UIL	ANU NA	I UNAL GA						
Operator								L		PI No. 14.1-2069	R		
Orbit Enterprises, Inc. Address									30-041-20698				
c/o Oil Reports & Cas Service	es, Inc.	, P.O.	Box	755	, Hobbe	, M 8824	1-0755	·- 1					
Reason(s) for Filing (Check proper box) New Well		Canan in	T		- of:	U OUN	st (Piease expla	IA)					
Recompletion	Change in Transporter of: Oil Dry Gas												
Change in Operator	Casingheed				la 🔲					, ,			
						, Inc.,	P.O. Box	x 755	, F	lobbs, N	M 88241	-0755	
II. DESCRIPTION OF WELL	·····						····						
Lease Name	Well No. Pool Name, Includ								ind o	(Lease Federal OKIXAY		esse No. 3107	
Farrell Federal	23 Chaveroo S					an Andres			[W]-03			3191	
Location Unit LetterM	:1310)	. Feel	Pror	n The _S	outh Lim	and1310		_ Fee	t From The _	West	Line	
Section 28 Township 7 South Range 33 East NMPM, Roosevelt County													
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS													
Name of Authorized Transporter of Oil or Condensate Scurlock Permian Corporation						Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, Tx 77210-83147							
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)							
Warren Petroleum Compa	leum Company					P. O. Box 1589, Tulsa, OK 74102							
If well produces oil or liquids, give location of tanks.				Twp. Rgc. 7S 33E		is gas actually Yes	W	When ?					
If this production is commingled with that f	 		-							3/14/84			
IV. COMPLETION DATA			, ,										
Designate Type of Completion -	· (X)	Oil Well	\neg	Gas Well		New Well	Workover	Deepe	:0	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						<u>L </u>				Depth Casing Shoe			
	77	UDDIC	<u></u>	CDV	CANTO	CENCENTTO	IC PECODI						
HOLE SIZE	TUBING, CASING AN SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT				
HOLE SIZE	OADING & FORME OILE												
V TEET DATA AND DECLIES	TEODA	HOW	A DI	Ē.						<u> </u>	· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	covery of tol	al volume	of lo	ıcı ad oil	and must	be equal to or	exceed top allo	wable for	r Ihis	depth or be f	or full 24 hou	7 5.)	
Date First New Oil Run To Tank	4	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)											
Length of Tex	Tubing Pressure					Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.			Gas- MCF				
	On - Buis.												
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			<u> </u>	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	ובו	ANG	Œ								
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above						SEP 1 5 1993							
is true and complete to the best of my/knowledge and belief.						Date Approved							
Harin Hollen						1							
Signature						By ORIGINAL SIGNED BY JERRY SEXTON							
Laren Holler Agent						DISTRICT I SUPERVISOR							
Printed Name September 10, 1993 (505) 393-2727						Title				···· · · · · · · · · · · · · · · · ·		<u> </u>	
Date		·	phoc										

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

,

SE! 1 > 1983

OFFICE