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

State of New Mexico  
 Energy, 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 II  
 P.O. Drawer DD, Artesia, NM 88210

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I.

|  |                                     |
|--|-------------------------------------|
| Operator<br><b>Orbit Enterprises Inc.</b>  | Well API No.<br><b>30-005-10236</b> |
| Address<br><b>P.O. Box 755 Hobbs NM 88241</b>  |                                     |
| Reason(s) for Filing (Check proper box):<br><input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Operator<br><input type="checkbox"/> Other (Please explain)<br>Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Dry Gas<br><input checked="" type="checkbox"/> Casinghead Gas<br><input checked="" type="checkbox"/> Condensate<br>Effective <b>7/1/93</b> |                                     |

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

|  |                      |  |   |                                 |
|--|----------------------|--|---|---------------------------------|
| Lease Name<br><b>Federal 19</b>  | Well No.<br><b>2</b> | Pool Name, including Formation<br><b>Chaveroo San Andres</b> | Kind of Lease<br><b>State, Federal or Fee</b> | Lease No.<br><b>NM-044701-C</b> |
| Location<br>Unit Letter <b>P</b> : <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line<br>Section <b>19</b> Township <b>7S</b> Range <b>33E</b> , <b>NMPM</b> , <b>Roosevelt</b> County |                      |  |   |                                 |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |                   |                   |                    |  |                        |
|--|--|-------------------|-------------------|--------------------|--|------------------------|
| Name of Authorized Transporter of Oil<br><input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Pride Pipeline Company</b>       | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 2436, Abilene TX 79604</b> |                   |                   |                    |  |                        |
| Name of Authorized Transporter of Casinghead Gas<br><input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Warren Petroleum Co.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 1589, Tulsa, OK 74102</b>  |                   |                   |                    |  |                        |
| If well produces oil or liquids, give location of tanks.   | Unit<br><b>0</b>   | Sec.<br><b>19</b> | Twp.<br><b>7S</b> | Rge.<br><b>33E</b> | Is gas actually connected?<br><b>Yes</b> | When?<br><b>6/1/92</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 |
| <input checked="" type="checkbox"/>        |                             |          |                 |          |        |              |                   |            |
| 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 |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |        |              |                   |            |
| 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.)

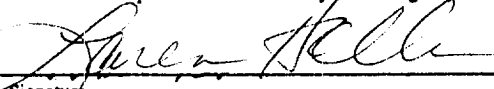
|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature  
  
 Laren Holler Agent  
 Printed Name  
 September 9, 1993 Title  
 Date  
 September 9, 1993 Telephone No.  
 505-393-2727

OIL CONSERVATION DIVISION

Date Approved **SEP 28 1993**

By **ORIGINAL SIGNED BY JERRY SEXTON**  
 DISTRICT I SUPERVISOR

Title \_\_\_\_\_

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

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

**RECEIVED**

SEP 27 1993

LEWIS & CLARK  
OFFICE