

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

U.S. DEPT. OF THE INTERIOR
P.O. BOX 1990
MORGAN, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
 Orbit Enterprises, Inc.

3. Address and Telephone No.
 P. O. Box 476 Lovington, NM 88260-0476 (505)396-4914

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 1980' FNL & 1980' FEL, Sec 28, T7S, R33E

5. Lease Designation and Serial No.
 NM-831-97

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
 Farrell Federal #12

9. API Well No.
 30-041-10460

10. Field and Pool, or Exploratory Area
 Chaveroo San Andres

11. County or Parish, State
 Roosevelt, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>return to production</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)

February 3, 1996 RETURN TO PRODUCTION BY SWABBING.

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

Signed Joe Sanders Title Pres. Date Feb. 3. 1996

(This space for Federal or State office use)

ACCEPTED FOR RECORD
 PETER W. CHESTER
 FEB 13 1996
 BUREAU OF LAND MANAGEMENT
 U.S. DEPARTMENT OF THE INTERIOR

Approved by _____ Title _____ Date _____
 Conditions of approval, if any: _____

15. If U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side