OR OSSAIL I PIGELOWEION

OCD EXHIBIT NO. 4 CASE NO. 12951

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
"OIL CONSERVATION Discriptractions at Bottom of Page

OIL CONSERVATION DIVISION

RECEIVED

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

193 OCT 7 AM 8 49

REQUEST FOR	ALLOWAB	LE AND A	UTHORIZATIO	N
TOTRANS	PORT OIL	AND NAT	URAL GAS	

I.						TURAL GA					
Operator								PI No.			
Ordit Enterprises, Inc						30-041-10003					
Address		_					0041				
c/o Oil Reports & Gas S Reason(s) for Filing (Check proper box)	ervices	, inc.	, P. C). Box		ods, NM 8 er (Piease expl		· · · · · · · · · · · · · · · · · · ·			
New Well	(Change in	Transpo	orter of:							
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghead	Gas X	Conde	state	·	E	ffective	10-1	5-93		
If change of operator give name and address of previous operator	naveroo	Opert	ing	Company	, Inc.	P.O. Box	755, Ho	obbs, NM	88241		
II. DESCRIPTION OF WELL A	AND LEA	SE				٠.					
Lesse Name			Pool N	ame, Includi	ng Formation		Kind	of Lease	Le	ase No.	
State "BA"		_1		Todd Up	per San	Andres	State,	Restorat xextica	t V-31.	34	
Location	9900										
Unit Letter A	.:6	50	Feet Fr	om TheN	orth Lin	e and990	<u>).</u> F	eet From The	East	Line	
Section 34 Township	7s		Range	35E	וא	MPM, I	Roosevel	+		County	
			STORE OF THE PERSON			•••••				Coding	
III. DESIGNATION OF TRANS				D NATU							
Name of Authorized Transporter of Oil	X '	or Condens	ale			e address to w				·	
Navajo Refining Co. Name of Authorized Transporter of Casing	head Gas	ГХІ	or Dry	Gu [ox 159,					
Warren Petroleum Company		<u> </u>	U. Dij	<u></u>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102						
If well produces oil or liquids,		Sec.	Twp.	Rge.	Is gas actuali		Whet				
give location of tanks.	A	34	7 <u>s</u>	35E		Yes		2/1/65			
If this production is commingled with that fi	rom any othe	r lease or p	ool, giv	ve comming!	ing order numi	ber:			•		
IV. COMPLETION DATA		Oil Well	-	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	(X)	l	i Ì		1.000 1.001		Dupu	TIME DECK			
Date Spudded	Date Compl	. Ready to	Prod.	,	Total Depth	!	*·····································	P.B.T.D.		-1	
		 		··	T Oll/O- D						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth							
Perforations				<u> </u>			Depth Casin	Depth Casing Shoe			
				•					•		
	П	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D	· ·			
HOLE SIZE	CAS	ING & TU	BING	SIZE	DEPTH SET			SACKS CEMENT			
								 			
		 									
	 										
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re			of load	oil and must					for full 24 hou	rs.) .	
Date First New Oil Run To Tank	Date of Test	t			Producing M	ethod (Flow, pi	итр, даз іўі,	eic.j		İ	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
	- Long - Long							·			
Actual Prod. During Test	Oil - Bbls.	······································			Water - Bbis.			Gas- MCF	Gas- MCF		
	<u> </u>				<u> </u>				 		
GAS WELL										·	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pres	saine (Shut	-in)	 	Casing Press	ure (Shut-in)		Choke Size			
reading receives (place, each pro-		, , , , , , , , , , , , , , , , , , ,	_,						•		
VI. OPERATOR CERTIFIC	ATE OF	COMP	TIAI	VCE							
I hereby certify that the rules and regula					₩ (VSERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved 0CT 0 6 1993								
re note and complete to the pest of my i	mowicage an	ki uciici,			Date	Approve	od	> UUI '	, v 1000		
Wonard Jalles		•	•			1			1/2/-		
Signature				∥ By_		All	1//	rierg			
Donna Holler Printed Name	A	gent	Title	· · · · · · · · · · · · · · · · · · ·	1		Geolo	mist			
10-6-93	505 39	3-2727			Title			A191			
Date			phone	No.	1						

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.