Form 3160-5 (November 19

N.V.	Oil	ഹns.	Division
		~	FORM

ED 135

UNLED STATES PARTMENT OF THE INTERIOR	P.O. Box 1380	FORM APPROVI OMB No. 1004-01 Expires July 31, 19
DEALLOET AND MANAGEMENT	Hobbs, NM 88 241	- Carial No

November 1994)	DEPARTMENT OF THE I	NTERIOR	Hobbs, NM 88	241	Expires July 31, 1996	
	BUREAU OF LAND MANA	GEMENT	HODDS, NIM GO	5. Lease Ser		
Do not use th	RY NOTICES AND REPO his form for proposals to rell. Use Form 3160-3 (APE	drill or to re-ente	er an	NM83	197 , Allottee or Tribe Name	
	RIPLICATE - Other instru			7. If Unit or	r CA/Agreement, Name and/or No.	
. Type of Well				-		
Oil Well Gas Well	8. Well Name and No.					
Name of Operator ORBIT		FARRELL FED #2 9. API Well No.				
Ba. Address	clude area code)	ode) 30-041-10212				
BOX 476, LOVING	914	i	i Pool, or Exploratory Area			
Location of Well (Footage, Sec	c., T., R., M., or Survey Description	1)			EROO SAN ANDRES or Parish, State	
1980' FSL & 660	' FWL, NWSW S28,	T7S, R33E	E ROOSEVELT, NM			
12. CHECK A	PPROPRIATE BOX(ES) TO	O INDICATE NA	TURE OF NOTICE, R	EPORT, OR	R OTHER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION				
Notice of Intent	Acidize	Deepen	Production (Star	rt/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report	Casing Repair	New Construction			Other return to production	
Final Abandonment Notice	Change Plans Convert to Injection	☐ Plug and Aband ☐ Plug Back	ion Temporarily Al Water Disposal		F	
Attach the Bond under which following completion of the ir testing has been completed. I determined that the site is read	the work will be performed or provided operations. If the operation of the control of the contro	or results in a multiple be filed only after all RETURN TO	completion or recompletion requirements, including rec	n in a new intervalement in a new intervaleme	ths of all pertinent markers and zones treports shall be filed within 30 day val, a Form 3160-4 shall be filed one been completed, and the operator ha	
		BU F	MAY 1 1997 CEAL OF LAND MANA ROSWELL RESOURCE A	,		
14. I hereby certify that the foregon Name (Printed/Typed)	oing is true and correct	Titl	e			
J	OF SANDERS	5	PRES			
Signature	ander	Da		, 1997		
000	THIS SPACE	FOR FEDERAL C	R STATE OFFICE US	E		
Approved by			Title	I	Date	
Conditions of approval, if any, at certify that the applicant holds le which would entitle the applicant t	re attached. Approval of this notingal or equitable title to those right to conduct operations thereon.	ce does not warrant onts in the subject leas	Office e			

Title 18 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.