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

I.

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								API No.			
Orbit Enterprises, Inc							3	0-041-10	212	V	
Address											
c/o Oil Reports & Gas Servi	æs, Inc.	., P.O.	Box 7	55, Hobbe	s, NM 8824	1-0755					
Reason(s) for Filing (Check proper box)					Oth	er (Please expla	iin)				
New Well		Change in	-				4.1 5	ha 0/1/0	2		
Recompletion	Oil		Dry G			Effec	tive Da	te 9/1/9	3		
Change in Operator		d Gas 🔀									
If change of operator give name and address of previous operator	averoo	Operat	ting	Company	y, Inc.,	P.O. Bo	x 755,	Hobbs, N	M 88241	-0755	
I. DESCRIPTION OF WELL AND LEASE					in Fametian Vind			of Lease No.			
Lease Name	1				ol Name, Including Formation haveroo San Andres			Mile, Federal of Nex		NM-83197	
Farrell Federal	1	2	Cla	veroo 2	all Allare						
Location	100	0		_							
Unit LetterL	: <u>1980</u>	0	Feet F	rom The _S	outn Lin	e and <u>660</u>	Fe	et From The _	west	Line	
20	7 500	+h	_	33 E	act .m	mr Roo	sevelt			County	
Section 28 Townshi	7 Sou	LII	Range	<u> </u>	asc , N	MPM, ROO				County	
III. DESIGNATION OF TRAN	CDADTE	D OF O	II AR	וו דייר או או	DAT CAS						
Name of Authorized Transporter of Oil	SPURIE	or Conden		D NATU	Address (Giv	e address to wi	rich approved	copy of this fo	rm is to be se	nt)	
Scurlock Permian Corpo	ration				P.O. Bo	x 4648,	Houston	, Tx 772	10-8314	7	
		ΙΧ̈́	or Dry	Gas 🗀							
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Company					P. O. Box 1589, Tulsa, OK 74102						
If well produces oil or liquids,						y connected?	When	?			
give location of tanks.	J	28	75	33E	Yes			6/7/66			
If this production is commingled with that	from any oth		pool, gi		ing order num	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)	1			<u> </u>	L	<u></u>	<u> </u>		1	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	ormatio	3	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
					<u> </u>			Det Color			
Perforations								Depth Casing	g Shoe		
								<u> </u>			
	1	UBING,	CAS	NG AND	CEMENTI	NG RECOR	<u>D</u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								ļ			
	<u> </u>										
									·,		
					<u> </u>			<u> </u>			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE								
OIL WELL (Test must be after t	· · · · · · · · · · · · · · · · · · ·		of load	oil and must					or Juli 14 Mou	rs.)	
Date First New Oil Run To Tank	Date of Te	ಪ			Producing M	ethod (Flow, pi	emp, gas lyt,	EIC.)			
				Corina Program				Choke Size			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choac bize		
					Water - Bbls			Get MCE	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- Irici			
<u></u>	<u> </u>				<u> L</u>						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMF	PLIA	NCE							
I hereby certify that the rules and regul						OIL CON	NSERV	ATION	DIVISIO	NC	
Division have been complied with and				/e							
is true and complete to the best of my					Date	Annrove	d				
1/20	-/				Dale	Approve	SEP	1 5 1993]		
Miller	la				11						
Signature	¥				∥ By_	אופה.	SINAL SIG	NED BY JER	RY SEXT	N	
Laren Holler		Ager				ORIC	DISTRIC	T I SUPERV	ISOR		
Printed Name	0.2	(505)	Title	2727	Title						
September 10, 19	93	<u> </u>									
Date		1 61	ephone	140'	11						

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.