

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL GASES PERMIT
SUBMIT IN TRIPLE
Other Permits
Forfeiture
HOBBS, NEW MEXICO

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

DESIGNATION AND SERIAL NO
88240 NM-044701C

SUNDRY NOTICES AND REPORTS ON WELLS

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

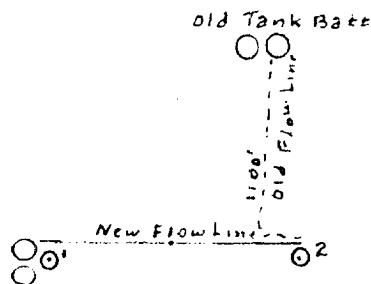
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Orbit Enterprises, Inc.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 755, Hobbs, NM 88241	8. FARM OR LEASE NAME Federal 19
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface #1 660' FSL & 1980' FEL of Sec. 19 #2 660' FSL & 660' FEL of Sec. 19	9. WELL NO. #1 1 #2
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
10. FIELD AND POOL, OR WILDCAT Chaveroo San Andres	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T7S, R33E
12. COUNTY OR PARISH Roosevelt	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) See below	(Other) ☒
(Other) ☐		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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.)

Filed to show sketch of new flow line after consolidation of tank batteries.



Federal 19

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

SIGNED Harold Walker TITLE Agent DATE 10/19/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

