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

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, Anesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.]	OTRA	INSI	PORTC) L	AND NA	TUHAL GA					
Operator								l l	Well API No. 30-041-02400-10240			
Orbit Enterprises, Inc.		 				 		1 30	-04 T-0 5	200- 10	~ (0	
c/o Oil Reports & Gas Servi	œs, Inc.	, P.O.	Box	755, Ho	dos,	, NM 8824	1-0755 et (Please expla	·i=1				
Reason(s) for Filing (Check proper box) New Well		Change in	Trans	porter of:			et (Lienze exbit	ini				
Recompletion	Oil			_]		Effec	tive Dat	te 9/1/9	3		
Change in Operator	Casinghead	Gu 🛛	Cond	enmte []							
If change of operator give name and address of previous operator	averoo	Opera	ting	Compa	any	, Inc.,	P.O. Bo	× 755, 1	Hobbs, N	M 88241	-0755	
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name Well No. Pool Name, Include						ing Formation			nd of Lease Lease No. Lease No. NM-83197			
Farrell Federal 5 Chaveroo S						an Andres			, Federal oldfee NM-83197			
Location	100	_			_	. •				West		
Unit Letter K	: 1980	0	. Feet	From The	_Sc	uth_ Lin	e and1980	Fe	et From The	MESC	Line	
Section 28 Townshi	7 Sout	th	Rang	e 33	Ea	st , M	MPM, ROO	sevelt			County	
III. DESIGNATION OF TRAN	SPORTE			ND NAT	UR	AL GAS	address to wi	lish annoused	nome of this f	form is to be s	est)	
Name of Authorized Transporter of Oil or Condensate Scurlock Permian Corporation						P.O. Box 4648, Houston, Tx 77210-83147						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102						
Warren Petroleum Company												
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. Twp. Rge. J 28 75 33E			- 1	is gas actually connected? Whe			a? 6/7/66			
If this production is commingled with that								L	0/1/0			
IV. COMPLETION DATA	,,,,,	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , (
Designate Type of Completion	- 00	Oil Well		Gas Well	\bigcap	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				-	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				\dashv	Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
										.,		
	Т	UBING,	CAS	ING AN	D (CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
					-							
	 				_							
V. TEST DATA AND REQUES										4 4-11 5 4 b.s.	\	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		of loa	d oil and m			exceed top allow, pu			for Juli 24 hou	<i>PS.)</i>	
Date that then Oil Kill 10 tank Date of 188							oa.oa (o., p		,			
Length of Test	Tubing Pressure				1	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				+	Water - Bbls.			Gas- MCF			
					\bot				<u> </u>			
GAS WELL		,			 ,	SCI. A. I			TALLES FAR	Tank de la constitución		
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			
11 AND 1705	1		· ·	\	\dashv	F			1			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul							OIL CON	ISERV.	MOITA	DIVISIO	NC	
Division have been complied with and	that the infor	mation giv										
is true and complete to the best of my	knowledge an A	ng deliei.				Date	Approve	d	<u> </u>	<u> ተጠበነጋ</u>	 	
Mren Holler						SEP 1 5 1993						
Signature						By						
Laren Holler Agent Printed Name Title						ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT I SUPERVISOR						
September 10, 19	93	(505)	393	-2727		litie		DISTRI	CLISUFE		-	
Date		Tele	ephone	No.	ļ						=	

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.