

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Orbit Enterprises, Inc.

3. Address and Telephone No.

P. O. Box 476 Lovington, NM 88260-0476 (505)396-4914

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 1980' FWL, Sec 28, T7S, R33E

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-83197

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Farrell Federal #3

9. API Well No.

30--41-10252

10. Field and Pool, or Exploratory Area

Chaveron San Andres

11. County or Parish, State

Roosevelt, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other return to production
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form 1)

13. 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.)*

PULL AND REPLACE ALL THAT IS NEEDED TO
RETURN TO PRODUCTION BY NOVEMBER 11, 1995

RECEIVED
JUL 3 8 24 AM '95
RHS

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

Signed Joe Sanders

Title Pres.

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

ACCEPTED FOR RECORD
PETER W. CHESTER

Date JUNE 29, 1995

JUL 14 1995

BUREAU OF LAND MANAGEMENT
ROSWEIL RESOURCE AREA

Date

RECEIVED

JUL 17 1995

UCD HOBBS
OFFICE