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or m 3160-5 une 1990)	DEPARTMENT	ED STATES OF THE INTERIOR AND MANAGEMENT	MEXICO 40	FORM APPROVED Budget Buteau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.	
SUNDRY NOTICES AND REPORTS ON WELLS				NM-83197 6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE				7. If Unit or CA, Agreement Designation	
Type of Well Type of Well Gas X Well Well Well Well Other				8. Well Name and No. Farrell Federal #13	
. Name of Operator Orbit Enterprises, Inc.				9. API Well No.	
3. Address and Telephone No. P. O. Box 476 Lovington, NM 88260-0476 (505)396-4914 Location of Well (Pootage, Scc., I., R., M., or Survey Description)				30-041-10431 10. Field and Pool, or Exploratory Arca Chaveroo San Andres	
660' FNL & 660' FWL, Sec 28, T7S, R33E				11. County or Parish, State Roosevelt, NM	
2. CHECK	APPROPRIATE BOX(s)	TO INDICATE NATURE O	F NOTICE, REPOR	AT, OR OTHER DATA	
TYPE O	TYPE OF SUBMISSION TYPE OF ACTION				
	e of Intent	Abandonment		Change of Plans	
X Subse	quent Report	Casing Repair		Water Shut-Off	
Final	Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water (Note: Report results of multiple completion Completion or Recompletion Report and 10				
J. Describe Proposed or 6 give subsurface in Februar	cations and measured and true vertical	depuis for all markers and tones perturent		any proposed work. If wall is directionally drilled.	
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I hereby certify that the	foregoing is true and correct				
Signed JPL	Sander	Title <u><u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u>	PETER W CHES	28: Date Feb 3, 1996	
Approved by Conditions of approval.	if any:	$ Title \int \frac{\partial P}{\partial F} dF$	FEB 13 1908	Date	
• 18 U.S.C. Section 1001 representations as to any r	, makes it a crisse for any person know nation within its jurisdiction.	ingly and willfully to make to any departure	int or against of the United St	ates any files, fictitious or fraudulent statements	
	*See Instruction on Reverse Side				