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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Well A									. /			
Orbit Enterpri	ises, Inc.	<u> </u>						30-0	41-1043	2	· ·	
Address												
C/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241-0755 Reason(s) for Filing (Check proper box) Other (Please explain)												
Reason(s) for Filing (Chec	k proper box)		Change in	Tana	neter of:		er (1 seme extra	<i>,</i>				
Recompletion	f	Oil	Change in	Dry G	<u></u>		Effec.	tive Dat	e 9/1/9	3		
' r	ange in Operator Casinghead Gas Condensate											
composit operates	If change of operator give name of Occupations Company, The P.O. Boy 755 Hobbs NM 88241-0755											
and address of previous op-	erator <u>Cha</u>	averoo	Opera	ting	Company	, inc.,	P.O. BO.	K /33, I	lobos, I	M 00241	0733	
II. DESCRIPTION	OF WELL	ND LEA	ASE									
Lease Name	Well No. Pool Name, Includ						Lease No.					
Farrell Federa	al		14	Cha	veroo Sa	an Andre	s	Mac,	Federal ox Xe	NM-8	3197	
Location												
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line												
22 Book - Boogovol+												
Section 28 Township 7 South Range 33 East , NMPM, Roosevelt County												
THE PROJECT AND AND PROPERTY OF AN AND NATIONAL CAS												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved									come of this fo	orm is to be se	nt)	
Scurlock Permian Corporation P.O. Box 4648,							x 4648,	Houston, Tx 77210-83147				
Name of Authorized Transporter of Casinghead Gas												
Warren Petrol	لت	J. 2.,	ـــا		30x 1589,							
If well produces oil or liqu					ls gas actuall	y connected?	When	?				
give location of tanks.	J 28 7S 33E						/7/66					
If this production is commingled with that from any other lease or pool, give commingling order number:												
IV. COMPLETION DATA												
		GD	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of	Completion -		<u></u>			Total Danish	L				<u> </u>	
Date Spudded		Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.			
C (DC DVD DT	Nome of D	Name of Producing Formation				Top Oil/Gas Pay			Taking Dooth			
Elevations (DF, RKB, RT,	Name of P	roomang r	энишо	1				Tubing Depth				
Perforations									Depth Casing Shoe			
	TUBING, CASING AND C				CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									ļ	 		
		<u></u> .					 .		<u> </u>			
V. TEST DATA AN	ND REQUES	T FOR A	LLOW.	ABLE						fan full 24 hau	\	
	t must be after re			of load	ou and must	Producing M	ethod (Flow, pu	mn. eas lift. e	ic.)	or juli 24 hou	73./	
Date First New Oil Run T	Olank	Date of Te	a			1 locatering ive	02.00 (1.1011) p.		,			
Length of Test	Tubing Pre	HOITE.			Casing Pressure			Choke Size				
Leagur or 100	Tubing Pressure											
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, bac	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI OPERATOR	CERTIFIC	ATE OF	COM	PLIA	NCE		<u> </u>			D !! !! O ! O	 	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation							OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.						Date Approved SEP 1 5 1993						
- HOOR.								. 11_	1 TY (JJJ		
Jalen Tallen						By_	ORI	GINAL SIG	NED BY J	ERRY SEXT	ON	
Signature Laren Holler Agent							By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name Title						Title)					
September 10, 1993 (505) 393-2727												
Date Telephone No.												

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.

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