

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. <b>30-041-10446</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>NMNM83197</b>
7. Lease Name or Unit Agreement Name: <b>FARRELL FEDERAL</b>
8. Well No. <b>10</b>
9. Pool name or Wildcat <b>CHAVEROO SAN ANDRES</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4426 RDB</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>SWD</b>	
2. Name of Operator <b>ORBIT ENTERPRISES, INC.</b>	
3. Address of Operator <b>P. O. BOX 476 LOVINGTON, NM 88260-0476</b>	
4. Well Location Unit Letter <b>F</b> : <b>1980</b> feet from the <b>North</b> line and <b>1980</b> feet from the <b>West</b> line Section <b>28</b> Township <b>7S</b> Range <b>33E</b> NMPM County <b>Roosevelt</b>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4426 RDB</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

SWD will be gone through and returned to action  
within 90-120 days

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Vicky Sanders TITLE Sec/Treas DATE 9-28-00

Type or print name Vicky Sanders Telephone No. 396-4914

(This space for State use)

ORIGINAL SIGNATURE OF VICKY WILLIAMS  
DISTRICT ATTORNEY

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any:

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