District I PO Box 1980, Hobbs, NM 88241-1980 District II

N Drawer DD, Artesia, NM 88211-9719

State of New Mexico

Form C-104 Revised February 10, 1994

Instructions on back

OIL CONSERVATION DIVISION

Submit to Appropriate District Office District III PO Box 2088 Santa Fe, NM 87504-2088 5 Copies 1000 Rio Brams Rd., Aztec, NM 87410 District IV ■ AMENDED REPORT PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number Orbit Enterprises, Inc. 016530 ³ Reason for Filing Code c/o Oil Reports & Gas Services, Inc. P. O. Box 755, Hobbs, New Mexico 88241 CH API Number * Pool Name 1 Pool Code 30 - 041 - 10483 Chaveroo San Andres 12049 ¹ Property Code Property Name Well Number 15410 James McFarland ¹⁰ Surface Location Lot.lda East/West line Ul or lot mo. Range Feet from the North/South Line Feet from the County 1979.5 20 **7**S 33E South 1956.1 K West Roosevelt 11 Bottom Hole Location Township UL or lot no. Section Lat Ida Feet from the North/South line Feet from the East/West line 1979.5 South 1956.1 West Roosevelt 11 Lee Code 10 Producing Method Code " C-129 Expiration Date " Gas Connection Date 4 C-129 Permit Number C-129 Effective Date D'A3T Oil and Gas Transporters Transporter OGRID 19 Transporter Name » POD 33 O/G 2 POD ULSTR Location and Description Scurlock Permian O 020445 1953610 P. O. Box 4648 Houston, Texas 77210-4648 IV. Produced Water POD ¹⁴ POD ULSTR Location and Description Well Completion Data Spud Date " PBTD " Ready Date " TD " Perforations ™ Hole Size ²⁴ Casing & Tubing Size 2 Depth Set 33 Sacks Cement VI. Well Test Data Date New Oil M Gas Delivery Date " Test Length M Thg. Pressure " Cag. Pressure M Test Date " Test Method " Choke Size " Oil 4 Water # Gas " AOF 4 I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION knowledge and belief. Approved by: ORIGINAL SIGNED BY JERRY SEXTON Signature: DISTRICT I SUPERVISOR Printed name Title: Laren Holler Approval Date: Title: 29 1994 Agent Date: Phone: (505) 393-2727 7/28/94 " If this is a change of operator fill in the OGRID number and name of the previous operator



Previous Operator Signature

Murphy Operating Corp.

Printed Name

Date

New Mexico Oil Conservation Division C-104 instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1,
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table: NW New Well 3.

or filing code from the following table:
New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (include volume requested) RC CH AO CO AG CG RT requested)

If for any other reason write that reason in this box.

- 4. The API number of this well
- The name of the pool for this completion
- The pool code for this pool 6.
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee 12.

Jicarilla

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Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.

- 15.
- The permit number from the District approved C-129 for this completion $\label{eq:completion} % \begin{array}{c} \left(\frac{1}{2} \frac{1}{2}$
- MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20
- Product code from the following table:
 O Oil
 G Gas 21.

- 26 100

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom 32.
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Flowing Pumping Swabbin

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.