

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. 30-041-10567
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 190002
7. Lease Name or Unit Agreement Name: JAMES McFARLAND
8. Well No. 4
9. Pool name or Wildcat CHAUVEROO SAN ANDRES
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDY NOTICES AND REPORTS ON WELLS
(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 ☐ Gas Well ☐ Other SWD-Injection

2. Name of Operator
ORBIT ENTERPRISES, INC.

3. Address of Operator
P. O. BOX 476 LOVINGTON, NM 88260-0476

4. Well Location
Unit Letter L : 1979.5 feet from the South line and 660 feet from the West line
Section 20 Township 7S Range 33E NMPM County Roosevelt

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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 well 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)

APPROVED BY _____ DATE _____
Conditions of approval, if any: _____

ORIGINAL FILED BY _____
TITLE _____ DATE _____