

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

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.

<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 <input type="checkbox"/> SWD	7. Lease Name or Unit Agreement Name  JAMES MCFARLAND
2. Name of Operator ORBIT ENTERPRISES, INC.	
3. Address of Operator c/o OIL REPORTS & GAS SERVICES, INC. P. O. BOX 755, HOBBS, NM 88241	8. Well No. 4
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 ROOSEVELT County	9. Pool name or Wildcat CHAVEROO SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: WELL STATUS <input checked="" 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.

STATUS OF WELL: SHUT-IN

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

SIGNATURE Greg Heard TITLE MANAGER DATE 05/30/97

TYPE OR PRINT NAME

TELEPHONE NO. (505) 393-2727

(This space for State Use)

APPROVED BY Chris Williams TITLE DISTRICT I SUPERVISOR DATE JUN 03 1997

CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD ONLY