Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Orbit Enterprises, Inc. Add: C/O Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Effective date July 1, 1991 Casinghead Gas Condensate If change of operator give name and address of previous operator Aurphy Operating Corporation, P. O. Drawer 2648, Roswell, New Mexico II. DESCRIPTION OF WELL AND LEASE Lease Name State CVB Unit Letter P 660 Feet From The South Section 31 Township 7 South Range 33 East NMPM, Roosevelt Couling Formation Section Transporter of Oil And Natural Gas Name of Authorized Transporter of Oil PERMIAN Well API No. API #30-041-10580 Other (Please explain) Other (Please explain) New Mexico Other (Please explain) Nother (Please explain) Name of Operator give name Change in Transporter of Oil Dry Gas Condensate Condensate South Line and Office address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-118
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Change in Transporter of: Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Murphy Operating Corporation, P. O. Drawer 2648, Roswell, New Mexico II. DESCRIPTION OF WELL AND LEASE Lease Name State CVB Vell No. 1 Chaveroo San Andres State, Fuerthoff the K-3933 Location Unit Letter P: 660 Feet From The Section 31 Township 7 South Range 33 East NMPM, Roosevelt Could Interpreted the form is to be sent) PERMIAN Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-118
Reason(s) for Filing (Check proper box) New Well
Murphy Operating Corporation, P. O. Drawer 2648, Roswell, New Mexico
Lease Name State CVB Lease Name State CVB Lease No. 1 Pool Name, Including Formation Chaveroo San Andres Location Unit Letter P : 660 Feet From The South Line and Feet From The Section 31 Township 7 South Range 33 East , NMPM, Roosevelt Country Condensate Name of Authorized Transporter of Oil Schrift or Condensate PERMIAN PERMIAN Well No. 1 Pool Name, Including Formation Chaveroo San Andres Kind of Lease, Kand of Lease, K-3933 Kand of Lease No. K-3933 Least Name and 660. Feet From The East Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-118
Vell No. Pool Name, Including Formation Chaveroo San Andres
Unit Letter P: 660 Feet From The South Line and 660 Feet From The Edst Section 31 Township 7 South Range 33 East NMPM, Roosevelt Cou III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate PERMIAN CORP EFF 9-1-91 PERMIAN Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-118
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate OF Con
Name of Authorized Transporter of Oil PERMIAN Or Condensate Or Condensate PERMIAN Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-118
PERMIAN SCURLOCK PERMIAN CORP EFF 9-1-91 P. O. Box 1183, Houston, Texas 77251-118
PERMIAN 1. O. BOX 1103, HOUSEON, TEXAS 77231-110
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. P 31 7S 33E No
If this production is commingled with that from any other lease or pool, give commingling order number:
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff
Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D.
Date Springer
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas-MCF
GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Date Approved
hlenna Holles By_
Signature Donna Holler Agent Printed Name Title Title
7-23-91 505-393-2727 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.