District I PO Box 1960, Hobbs, NM 88241-1960					State of New Mexico rgy, Miserals & Natural Resources Department							Form C-104 Revised February 10, 1994				
District II NO Drawer DD, Artenia, NM 88211-0719 District III				,								Instructions on back Submit to Appropriate District Office 5 Copies				
1000 Rie Brazes Rd., Aztec, NM 87410 District IV					PO Box 2088 Santa Fe, NM 87504-2088							AMENDED REPORT				
PO Baz 2088, S I.	PO Ber 2008, Santa Fe, NM \$7504-2008 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT															
Orbit	Ente	erpr	ises,		* Operator name and Address Enc.							¹ OGRID Number				
c/o 01	il Re	epor	ts & G		as Services, Inc.							016530 ⁹ Resson for Filing Code				
1			: 755 w Mexi	co	co 88241-0755							$D = I Q_{II}$				
⁴ API Number					⁴ Pool Name								<u>C</u> H		Pool Code	
30-041-20042					Chaveroo SA							12049				
' Pr	roperty	Code			¹ Property Name							' Well Number				
157		T			Anderson State									00)3	
II. ¹⁰ Surfa Ul or lot no. Sectio		ce Locatio							m the North/South Line			Feet from the	East/West line		County	
м	36	075						660		SOUTH		. 660	660 WEST		Roosevelt	
¹¹ Bottom			Iole Lo	xa	tion											
UL or lot no.		ينبي المراجع المراجع المتكامي فتتحص المتكاف				Lot Ida	Foot from t		the	North/South line		Feet from the	East/West line		County	
M	36				32E			660		SOUTH		660 WEST		-	Roosevelt	
¹² Lae Code S	" Pro	oducin	g Method (P	Code "Gas Connection 11-18-67			ate	ite ¹⁴ C-1		it Number 1		" C-129 Effective Date		¹⁹ C-129 Expiration Date		
	nd G	26]	Franspo	rte		10-07									J	
Transpor	rter	a.)			CIS Transporter Name				* POD		^и О/G		²² FOD ULSTR Location			
OGRID		50	urlock	and Address								and Description				
020445			O. Bo		Permian Corp. : 4648			0	0706210		0	A-36-07S-32E				
					7210-464	8	se en la com									
024650		Warren Petroleum Co. P. O. Box 1589						0706230			A-36-075-32E					
		Tulsa, OK 74102														
Second and a second	210000.20											······································				
IV. Prod	uced	Wa	ter					3.219. C						<u></u>	<u>.</u>	
"	POD							м	POD UI	STR Local	tion and l	Description		<u></u>		
0706	_								A-36-	075-32	E					
	Com and Date		ion Dat	a	²⁴ Ready D	-			# TD			* PBTD			" Perforations	
opud Dite					~ Kasay D	Resay Date			- 10			- 1810		" renorations		
	Size		" Casing & Tubing Siz			14		30	Depth Se	£		³⁰ Sacks Cement				
													· · · · · · · · · · · · · · · · · · ·			
VI. Well				D	elivery Date ²⁴ Test Date				H Took I availa			H The Busset		····		
Date I		- Gas		wery Dale		²⁶ Test Date			" Test Length		³⁴ Tbg. Pressure		³⁹ Cag. Pressure			
" Choke Size				4 (4 Oil 4 Water			r	4º Gas		•	" AOF			⁴⁴ Test Method	
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knowledge and								,		_						
Signature:	XØ	ie	w	\sum	All	lu			Approv	ed by;	aist i a	New York Constants	2 <u></u>	的心地		
	Lare	n H	oller						Tille: Result of This Profession, 20							
Title:	Agen	it							Approval Date: SEP 2.3 1994							
	6/94				Phone: (505) 393	-272	27								
" If this is a					OGRID as	mber and ma	me of t	he prev	-							
Chave	roo /hev	OD . dous (<u>Co.</u> I Operator Si	nc.	é					ren Ho Ind Name	iler		Age T	int Ille	9/26/94 Date	
			n 7	HCI.	lle		Ef	fect		9/1/94			-			
/ /						a management of the part of the second	<u>با به</u>				فكفعين					

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.

3.

12.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
 - Resson for filing code from the following table:

 - NW New Well RC Recompletion CH Change of Operator AO Add oll/condensate transporter CO Change oil/condensate transporter AG Add ges transporter CG Change gas transporter RT Request for test allowable (include volume requested) If for any other reason write that reason in this box.
- The API number of this well 4.
- The name of the pool for this completion Б.
- 6. The pool code for this pool
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- 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.
- The bottom hole location of this completion 11.
 - Lease code from the following table: F Federal S State P Fee J Jicarille

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- Navejo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. das transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- 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.

- The ULSTR location of this POD H 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 offlice 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of coment used per casing string 33.
 - 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
 - MO/DA/YR that gas was first produced into a pipeline 35.
 - MO/DA/YR that the following test was completed 36.
 - Length in hours of the test
 - 37.
 - Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
 - Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
 - Diameter of the choke used in the test 40.
 - Barrels of oil produced during the test 41.
 - Barrels of water produced during the test 42.
 - MCF of gas produced during the test 43.
 - Gas well calculated absolute open flow in MCF/D 44.
 - The method used to test the well: 45.

 - F Flowing P Pumping S Swebbing 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.



SEP 2 7 1994

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