## District I PO Box 1960, Hobbs, NM 88241-1960

District II

20 Drawer DD, Artesia, NM \$8211-0719 District III

1000 Rie Brazze Rd., Aztec, NM 87410 District IV

## State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

5 Copies AMENDED REPORT

O Bex 2008, Santa Fe, NM 87504-2008 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT														
Orbit Enterprises, Inc.										<sup>1</sup> OGRID Number				
				ces, Inc			016530							
•	ox 755				•				<sup>3</sup> Reason for Filing Code					
Но	New Mex	ico	88241	-0755			сн 9-(-94					9-1-94		
*A	7					Peol Nam	iol Name				•	Pool Code		
30 - 041-				Chaveroo SA						······································			2049	
	sperty Co	de		<sup>6</sup> Property Name								, M	/ell Number	
15723		<del>- <u>-</u> </del>			<del></del>	KMS							003	
I. 10 S	Section Section	Locatio			V-AVA	T.E.		Tax acre		Feet from the	[ W AU	W	7	
				Range	Lot.Idn	1.00	from the				East/West line		County	
F	36	075		32E		1980		NORTH		1980	WEST RO		Roosevelt	
		m Hole Loca			Lot Ida			North/South line			East/West line		, , , , , , , , , , , , , , , , , , ,	
UL or lot no.	Section 36	075	` I	Range 32E	Tot Ida	70	t from the 1980	NOR!		Feet from the 1980	WE		County	
13 Lae Code		cing Method			Connection D	<del></del>	<sup>15</sup> C-129 Pers						Roosevelt 129 Expiration Date	
S	71000	P		11-16-67		- L	- C-129 Pen	P (18804)		C-129 Effective Date "C		-127 Expersion Date		
III. Oil and Gas Transporters														
"Transporter "Transporter Name "POD "O/G "POD ULSTR Location										ocation				
OGRID		and Address				<u> </u>	-	and Description						
00044E		Scurlock Permian Corp.					07066	5610		D-36-07S-32E				
		. O. Box 4648 ouston, Texas 77210-4648					0706610 0							
2/10/2010/10/10/10/10/10/10/10/10/10/10/10/10/			Petroleum Co.				07066	20	harbiereen a en					
024650		Box 1589				07066	0706630 G			D-36-07S-32E				
Baris di Ja	2000	Tulsa,	, ОК 74102											
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da kanka t	250 T 25						43430 (5.34)	a na na mara mara	ekadiné				•	
	202													
IV. Prod		Vater	·	<del></del>									·	
_	POD						POD U	LSTR Loca	tion and	Description				
07066							D-	36-07s	-32E					
V. Well	COMPI	letion Da								* PBTD			<sup>10</sup> Perforations	
80	ŀ	M Ready Date				TD "	b		- LPID		i etinizionis			
M Hole Size			<sup>34</sup> Casing & Tubing Size						Depth S	<del></del>		35 Sacks Cement		
Lion 2008			Cising at Tubin			ing Str		Dipa da		~				
		<del></del>												
			-	<del></del>										
									·					
											·			
VI. Well									·	<del></del>		<del></del>		
M Date New Oil			Gas Delivery Date 2 Test Date					" Test L	ength	M Tog. Pressure			<sup>34</sup> Cag. Pressure	
** Choke Size		44 Oil		\t\)	A8			<b>4</b> C		4.05			4 Test Method	
- Choke M24			- Oil		4 Water			<b>⁴</b> Gu		" AOF			s est Microso	
" I hereby sertify that the rules of the Oil Conservation Division have been complied														
with and that the information given above is true and complete to the best of my								OIL CONSERVATION DIVISION						
knowledge and Signature:		1	(11	2		Anne	Approved by:							
	_)US	ln	(	Lle	4			Approved by: COAMACHA COAST OF COURSE SERVICES						
Printed name:	Holler						ING.							
Title:						Appn	Approval Date: SEP 2 3 1994							
Date: 9/2	Agent 6/94			Phone: (	505) 393	-27	27							
		operator (iii	in the		The second secon		he previous op	rator						
Ohave	roo O	p. Co.	Įnc.	•				aren Ho	oller			ent	9/26/94	
	Previo	us Operator	Signal	are/			71	ated Name			•	Title	Date	
12 a	Us	r/6	Ľ	lu		E:	fective	9/1/94						

## New Mexico Oli 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 Fule 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, iii, iii, 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
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condeneate transporter

CO Change oil/condeneate transporter

AG Add gas 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
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- The property code for this completion 7.
- R The property name (well name) for this completion
- The well number for this completion 9.
- The surface location of this completion NOTE: If the 10. 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.
- The bottom hole location of this completion
- Lease code from the following table: F Federal S State 12.

Fee

Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 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
- 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 if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)
- 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 24. (Example: 'Tank',etc.)
- MO/DA/YR drilling commenced 28.
- 26. MO/DA/YR this completion was ready to produce
- 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.
- 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 eacks 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.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35
- 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
- Barrels of water produced during the test 42.
- 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:

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.

