District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico

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

NO Drawer DD, Artesia, NM \$8211-0719

OIL CONSERVATION DIVISION

9/26/94

Date

Agent

Title

eroo Op. Co. Inc.
Frevious Operator Signature

District III 1000 Ris Brazo	e Rd., Aziec	, NM 87410	PO Box 2088 Santa Fe, NM 87504-2088						5 Copie					
District IV PO Boz 2088, 8					·							ENDED REPO	R:	
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Orbit Enterprises, Inc.											¹ OGRID Number			
c/o Oil Reports & Gas Services, Inc.											016530 * Ressen for Filing Code			
P. O. Box 755 Hobbs, New Mexico 88241-0755											A Constant of Filling Code			
	LPI Number		⁶ Pool Name						CH 9-(-7-4					
30 - 041-			Chaveroo SA											
' Pi	roperty Code	•	Property Name						12049 * Well Number					
1571	9		Anderson State						007					
		Location									<u>_</u>	<u> </u>		
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		Hole Lo												
UL or lot me.		Township	• •		Feet from the		North/South line		Feet from the East/W		Vest line County			
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III. Oil a	nd Gas	Transpor		12-67										
" Тгаларо			Transporter	Name	T T	™ PO	D	¹⁴ O/G		* POD ULS	TR La	cation	~-	
OGRID		and Address								and Description				
020445		Scurlock Permian Corp. P. O. Box 4648				0706210		0		A-36-0	07s-	-32E		
2032() 203			Texas 77210-4648						,					
024650	Wa	arren Pe	etroleum Co.			706230 _G								
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<u> </u>	POD					POD UI	STR Loca	tion and I	Description					
0706						A-36-	-07S-3	2E						
V. Well Completion Dat														
³⁴ Spud Date			³⁴ Ready Date			# TD			* PBTD		3	Perforations		
30 Hole Size			No. 1 . 2 . 1 . 1						 _					
Ave viii			***	Casing & Tubing	24 Depth Se				•	36 Sacks Cement				
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VI. Well	Test D		<u></u>							,				
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" Chol	ke Size		4 Oil	Oil 4			^d Gas		" AOF		4 Test Method			
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knowledge and		5:VOL 200VE	A A	OIL CONSERVATION DIVISION										
Signature: Varla Helle							Approved by: Appro							
Printed name:	Laren 1	Holler		Title:										
Title:							Approval Date: SEP S. C. 1994							
Agent Date: 9/26/94 Phone: (505) 393-2727							01 - (1994							
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Laren Holler

Printed Name

Effective 9/1/94

New Mexico Oll 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 nearnet 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.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add eli/condensate transporter

CO Change eli/condensate 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.

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 5.
- The pool code for this pool 6.
- 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: 12.

SP

Federal State Fee Jicarilla

Ň Navajo 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. gas 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 17. ompletion
- 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:

- 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 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
- 30. incide diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32.
- Number of sacks 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 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 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.
- Diameter of the choke used in the test 40
- Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 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.

The method used to test the wen.

F Flowing
P Pumping
S Swabbing
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.

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Section of