District I PO Box 1980, Hobbe, NM 28241-1980 District II

State of New Mexico

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

NO Drawer DD, Artesia, NM 83211-0719

District III

1000 Rio Brazos Rd., Aziec, NM 87410

Sa

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

AMENDED REPORT

O Bez 2003, Santa Fe, NM 97504-2003 DECLIEGT ECD AT I OWADIE AND ATTEMORY ATTON TO THE ANGEODY														
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address Operator name and Address														
Orbit Enterprises, Inc.											016530			
c/o Oil Reports & Gas Services, Inc. P. O. Box 755											³ Reason for Filing Code			
Hobbs, New Mexico 88241-0755											СН	ł	9-1-94	
4.4	Pi Numbe	7	⁴ Pool Name									Pool Code		
30 - 0 41-20058 Chaveroo S												1	2049	
	operty Cod	le	* Property Name										fall Number	
15722 Humble Tucker												(001	
	I. 10 Surface Location				Yat Ida	Feet from the		North/South Line		Feet from the	East/West line		County	
Of or soc so.			.		Lot.ida							· ·		
N 25		075				660		S		·1980	WEST		Roosevelt	
UL or lot no.	11 Bottom Hole Location or lot no. Section Township Range Lot Ida Feet from the North/South line Feet from the East/West line Feet from the East/										Vest No.	County		
N	25	075	· 1	2E	LOC TUE	660		SOUTH		1980	WE		·	
12 Lee Code	l	cing Method			Connection De		.129 Perso	it Number		C-129 Effective			Roosevelt 129 Expiration Date	
P		P			3-68		-127 1 61 82	# IJEBOCL		C-127 22100014 1	,,,,,,		-is/ Expressed Date	
III. Oil and Gas Transporters														
"Transpor		Hansp	" Trans	porter i	Vame	24 POD 21 O/G				* POD ULSTR Location				
OGRID		and Address								and Description				
020445		Scurlock Permian Corp.					0706510			K-25-07S-32E				
San San Care	· · · · · · · · · · · · · · · · · · ·	P. O. Box 4648 Houston, Texas 77210-4648					0706510							
######################################		Warren Petroleum Co.					a in in income and a contract of the interest							
024650		P. O. B					0706	530	G	K-25-07S-32E			!	
	OK 74102													
Successions	Symp. 1. 102					\$6.27222	er sellet en ekster	V-10.000 80000	ge an ibusababa					
alian na maria na ma	vs:-178					300\$80	\$700,000 \$3		KARACTA					
		Zahan.				*****					····			
	uced V	vater	· · · · · · · · · · · · · · · · · · ·				POD I	STR Loca	tion and I	Description				
										vecilpara.				
0706 V Well		etion Da	ta		· · · · · · · · · · · · · · · · · · ·		K-2	25 - 07s	-32E					
V. Well Completion Da							» TD			≥ PBTD			3º Perforations	
-			• • •											
™ Hole Size			* Casing & Tub			ing Size		# Depth Se		st.		35 Sac	ks Cement	
										——————————————————————————————————————				
			_											
VI. Well	Tost I	Data	<u>l</u>											
	New Oil		a Delivery	/ Date	× ₁	Cest Date		" Test L	ength	* Tbg. P	TORRU PE		30 Cag. Pressure	
" Choke Size			41 Oil			Water	● Ga		- 4 _A		OF		4 Test Method	
:														
" I bereby see	nify that the	rules of the	Oil Conse	rvation l	Division have b	een complied								
with and that i		tion given abo	we is true	and con	nplete to the be	st of my		0	IL CC	NSERVAT	NOL	DIVI	SION	
Signature:	W.		(D)	[].			Approx	red by:	11 1 112 / 1			قلام الم		
Printed same:								have the 12						
Laren Holler							Approval Date: SEP 2 G 1994							
	Th				1	UNIONAL DIEC. DEL SO E								
	26/94				505) 393		<u> </u>				_====			
1	-	•		RID a	imber and na:	ne of the pro	-				•		0/06/04	
Chaveroo Op. Co. Inc. Laren Holler Agent Privious Operator Signature Privious Operator Signature Title												9/26/94 Date		
XX		110				Effec	tiva	9/1/04						

New Mexico Oil 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 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 oil/condensate transporter

 CO Change oil/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. 3.

- 4. 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.
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- 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: Federal 12.

State Fee Jicarilla

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing Pumping or other artificial lift 13.
- 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.
- 18. The gas or oil transporter's OGRID number
- 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 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.)
- 25. MO/DA/YR drilling commenced
- MO/DAYR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- 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 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.

- MO/DAYR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- 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 well: Shut-in casing pressure gas well 39.
- 40. Diameter of the choke used in the test
- Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 45.

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.

57 · · 4.36 SF SA