District I PO Box 1960, Hobbs, NM 88241-1960 District II				State of New Mexico							Form C-104 Revised February 10, 1994 Instructions on back					
NO Drawer DD, Artesia, NM \$8211-4719 District III 1000 Ris Brazes Rd., Aztec, NM \$7410				OIL CONSERVATION DIVISION PO Box 2088						ON	Submit to Appropriate District Office 5 Copies					
District IV	•	-		Santa Fe, NM 87504-2088							AMENDED REPORT					
PO Bez 2088, S. I.	ants Fe,	NM 875 REQ	UEST				AND	AU	THORI	ZATI	ON TO TR					
Operator mane and Address Orbit Enterprises, Inc.									<sup>4</sup> OGRID Number							
c/o Oil Reports & Gas Services, Inc. P. O. Box 755									016530 * Resson for Filis					ag Code		
				o 88241-0755							сн 9-1-ФЦ					
	PI Num			Pool Name								Pool Code				
<b>30 - 04</b> 1-20084				Chaveroo SA									the second s	2049		
	<sup>1</sup> Property Code				* Property Name							' Well Number				
1571				Anderson State							009					
II. 10 ( Ul or lot no.	<sup>10</sup> Surface Loca		cation				from the		North/South Line		Fect from the	East/We	East/West line County			
			•				660		NODELL		660	FAC				
A 11	36 Bottor		07s	32E 66				NORTH				EAST ROOSEVELL				
UL or lot no.		والمراجع المراجع الم	Township	Range	Lot Ida	Fo	et from th		North/So	uth line	Fost from the	East/We	st line	County		
A	36		07S	32E			660		NORT		660	EAST		Roosevelt		
<sup>11</sup> Lee Code	" Pro	Producing Meth		ie <sup>14</sup> Gas	Connection	Date	<sup>46</sup> C-12	9 Perm	it Number	·   '	" C-129 Effective	Date	" C.	2-129 Expiration Date		
S			P		4-1-68									J		
The second s		as Tr	ansport		Name		- <u></u>	* POD * 0/G		<sup>11</sup> O/G	* POD ULSTR Location			ocation		
" Treaspo OGRID					ransporter Name and Address			- POD					escripti			
020445					Permian Corp.			0706210 0			A-36-07S-32E					
D20445 P. O. Box Houston,				7210-46	48	Sector Sector										
024650	xai v sink			troleum Co.												
P. O. Box			1589				706230 G			A-36-07S-32E						
Tulsa, OK				74102												
alles surt and a state										No CLE						
Rey sur to and to a	inte i artigo Canara da										<u> </u>					
								an antar - ana na manana sa Sula mata sa Sa								
							an a									
	iuced	Wat	er								Deservation					
	POD						-				Description					
	06250		on Data					<u>A-3</u>	6-07S-	32E						
V. Well Completion Data <sup>11</sup> Spud Date				<sup>24</sup> Ready Date			2	TD TT			* PBTD		<sup>20</sup> Perforations			
	Jacob Spectra			-												
	* Hol	e Size		" Casing & Tu		ubing Si	bing Size		<sup>28</sup> Depth 2		Set		<sup>30</sup> Sacks Cement			
	ll Tes										1 75-2	Pressure		" Cag. Pressure		
" Date	e New O	u	≌ Gas I	Delivery Date	ry Date <sup>34</sup> Test D			te "Tasi Len		engun	- 105.					
" Choke Size			4 01		4 Water		et .	-	4 Gas		" AOF			" Test Method		
"I bereby certify that the rules of the Oil Conservation Division have been compli- with and that the information gives above is true and complete to the best of my knowledge and belief. Signature:						omplied my	OIL CONSERVATION DIVISION									
Printed agend: Laren Holler								Title: 4 Factor OF E SET STATE								
Title:			OTTEL					Approval Date: SEP 2 2 1994								
Agent Date: 9/26/94				Phone: (505) 393-2727												
- 9/	s chane	4 e of ope	rator fill in		aumber and			ious op	raler							
	veroo	Op.	Co. I	nc.				L	aren H				ent	9/26/94		
	Zh	evious C	Operator Si		-				inted Name				Thie	Date		
$\langle \rangle$	Jan	lv	$\cup$ No	exe	<u> </u>	]	Effect	;ive	9/1/94	4						

## F THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "Amended report" at the top of this document

Report all gas volumes at 15,021; 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.

- 1. 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/conduncate transporter CO Change eil/cundeneate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable [include regimented] Change gas transporter Request for test allowable (include volume requested) If for any other reason write that reason in this box.
  - The API number of this well
- 5. The name of the pool for this completion
- The pool code for this pool 6.

4.

12.

J N U

- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 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.
- 11. The bottom hole location of this completion
  - Lease code from the following table: FSP.
    - Federai State Fee Jicarilla

    - 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. completion
- 18. The gas or oil transporter's OGRID number
- 19. 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: 21. ā Gas

- 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 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 Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 28.
- 27. Total vertical depth of the well
- 28. Pluoback wirtical depth
- Top and buttom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of cusing and tubing. If a casing liner show top and hottom.
- 33. Number of sacks of coment 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 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.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 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
- 45. The method used to test the well:

-		FIGWIN				
P		Fumpi Swabi	ก้ส			
ġ						
		€ W BDI	DHUG			
11	other	method	niesse	write	ie.	in.
			h	******	••	

- 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.

SET TO BA and source 1