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

State of New Mexico

Form C-104 Revised February 10, 1994 Instructions on back

District III

District II NO Drawer DD, Artesia, NM 88211-9719 OIL CONSERVATION DIVISION Submit to Appropriate District Office 5 Copies PO Box 2088 Santa Fe, NM 87504-2088 1000 Rie Brams Rd., Astec, NM 87410 -AMENDED REPORT District IV PO Bez 2008, Santa Fe, NM 87504-2008 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address Orbit Enterprises, Inc. 016530 c/o Oil Reports & Gas Services, Inc. Reason for Filing Code P. O. Box 755 9-1-94 Hobbs, New Mexico 88241-0755 API Number 30 - 041 - 20119 12049 Chaveroo SA Well Number 1 Property Code 1 Property Name 008 15721 Humble Federal ¹⁰ Surface Location II. East/West line County North/South Line | Feet from the Lot.Ida Ul or lot no. Section Towaship Range Feet from the 07S 32E 660 NORTH 1980 WEST Roosevelt C 11 Bottom Hole Location North/South line Feet from the East/West line County UL or lot no. Section Township Lot Ida Feet from the NORTH 1980 Roosevelt WEST 12 Lee Code 12 Producing Method Code 17 C-129 Expiration Date ¹⁴ Gas Connection Date " C-129 Effective Date 16 C-129 Permit Number F III. Oil and Gas Transporters 15 Transporter Name " POD 35 O/G * POD ULSTR Location Transporter OGRID and Address and Description Scurlock Permian Corp. 020445 0706410 0 P. O. Box 4648 Houston, Texas 77210-4648 Warren Petroleum Co. 024650 0706430 G P. O. Box 1589 Tulsa, OK 74102 IV. Produced Water POD " POD ULSTR Location and Description 0706450 Well Completion Data 29 Perforations Boud Date M Ready Date # TD * PBTD M Sacks Cement M Hole Size H Casing & Tubing Size 12 Depth Set VI. Well Test Data Date New Oil M Thg. Pressure " Cag. Pressure " Test Date " Test Length M Gas Delivery Date 4 Water e Gu 4 Test Method 4 Oil " AOF " Choke Size " I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION with and that the information given above is true and complete to the best of my knowledge and felici. Elela Signature: Approved by: Printed name: Laren Holler Approval Date: Title: SEP 23 1994 Agent Phone: (505) 393-2727 Date: 9/26/94 " If this is a change of operator fill in the OGRID number and name of the previous operator 9/26/94 Laren Holler Agent Chaveroo Op. Co.

Effective 9/1/94

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.

separate C-104 must be filed for each pool in a multiple mpletion.

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 cil/condensate transporter
CO Change cil/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.

- The API number of this well 4.
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion 7.
- 8. The property name (well name) for this completion
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: Federal 12.

SP

de from the followi Federal State Fee Jicarilla Navejo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:

 F Flowing
 P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 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
- The gas or oil transporter's OGRID number 18.
- 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:
 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.) 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 26.
- 27. Total vertical depth of the well
- 28 Plugback vertical depth
- 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.
- 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 38. 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
- Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.

- 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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