District I PO Box 1960, Hobbs, NM \$2241-1960

State of New Mexico

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

District II 20 Drawer DD, Artesia, NM \$8211-0719 Submit to Appropriate District Office 5 Copies

District III 1000 Rie Brane Rd., Aziec. NM 87410 OIL CONSERVATION DIVISION PO Box 2088 Santa Fe. NM 87504-2088

Sistrict IV				Salita I	, 14	IVI O /	J/ U 4-2	2000				AME	NDED REPORT			
O Baz 2088, Se	unia Fe, NI P	M 87504-2088 REQUES	T FOR AI	LLOWAE	BLE A	AND	AUT	HORI	ZATI	ON TO TR	ANSI	PORT				
Operator name and Address Orbit Enterprises, Inc.										¹ OGRID Number						
c/o 0i	orts & G			}	016530 * Reason for Filing Code											
P. O. Box 755 Hobbs, New Mexico 88241-0755												ch 9-1-94				
⁴ API Number ⁵ Po								l Name				* Pool Code				
30 - 0 41-20166 Chaveroo Si											12049					
¹ Pr	operty Cod	le	Property Name							* Well Number						
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11 Bottom Hole Location UL or let no. Section Township Range Let Ida Feet from the									North/South line Fost from the East/West line County							
UL or lot me.	Section 25	Townshi 07S	P Range	Lot Ida		from the 660	•	NORT	1	Feet from the East/		.m				
B 11 Lee Code		cing Method		Connection De			Permit	Number		C-129 Effective			Roosevelt 129 Expiration Date			
P] 1	P		5-26-70												
II. Oil and Gas Transporters																
Transporter OGRID			¹⁹ Transporter Name and Address				" POD			²² POD ULSTR Location and Description						
000445			urlock Permian Corp.				0706710			A-25-07S-32E						
	A CONTRACTOR OF THE PROPERTY O		Box 4648 on, Texas 77210-4648				0706710 0									
024650 W			ren Petroleum Co.				0706730 G			A-25-07S-32E						
P. Marian P. P.		P. O. Box 1589 Pulsa, OK 74102														
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V. Well		letion Da		and Paris					<u> </u>	* PBTD		* Perferations				
15 Spud Date		l	³⁶ Ready Date			מו "										
26 Hole Size		iize	21 Casing & Tubing Siz		ing Size			Depth Set		²⁶ Sacks Cement						
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Printed name	/ XV	un		a		CRESE O LOS CARACTOS EN SECONOS CONTROLES. Substitutos en Colonos										
Laren Holler Title:								Approval Date: SEP 2 3 1994								
2	Agent	<u> </u>	Phone:	(505) 39												
9/	26/94 change	f operator (iii	in the OGRID				ws oper	stor								
Chav	Op. Co.	Laren Holler Agent 9/26/94 Printed Name Title Date														
)	ous Operator	D D D				• • • • • • • • • • • • • • • • • • • •					* ****	Date			
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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
- 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/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.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool gode for this pool
- 7. The property code for this completion
- 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
- 12. Lease code from the following table:

Federal State

Fee Jicarilla

NU

Navajo 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 14.
- 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
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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:
 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
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cament 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
- 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
- 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: Flowing 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.