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Diana (V				Santa	a Fe, M	VM 87504	4-2088		AMENDED REPOR				
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Submit 5 Copies Appropriate District Office		Lnergy, l	Minera		ew Mexico ural Resourc	es Depan.	<b>t</b>			Form C Revised	
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DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 874						AUTHORI		N			
[ <u>.</u>						TURAL G	AS		PI No.		
<b>Openior</b> Orbit Enterprises, I	inc.								0-041-20	204	
Address		<u> </u>									
P. O. Box 755. Hobbs Reason(s) for Filing (Check proper bo			T.		C) Oth	et (Please expl	ain)				
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and address of previous operator				<u> </u>			<b></b>				
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EOTT Energy Corp. Name of Authorized Transporter of C						x 4666, e address to wi					
Warren Petroleum Com					P. O. B	ox 1589,	Tuls	a, (	OK 74012		•
If well produces oil or liquids, give location of tanks.	∲Unuit I T	<b>Sec.</b>	Twp.	-	ls gas actually Y	y connected?		Vhen 1	<b>1</b> 10/18/79	Ð	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4). Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies Appropriate District Office DISTRICT I 20 Box 1980 Hobbs NM 88240		0.7			ural Resource	-					ructions m of Page
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210		at Bottom of OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088									
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU	JEST FO		LLOWAE	BLE AND A	UTHORI		N			
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Operator	~								-041-20	1204	
Orbit Enterprises, In Address	С.					<u></u>			-041-20	204	
P. O. Box 755, Hobbs, Reason(s) for Filing (Check proper box)	NM 8824	41			Othe	t (Please expla	zin)				
New Well		Change in	Transpo	orter of:			-	_			
Recompletion	Oil	X	Dry G		Effect	ive Sep	tembei	c 1,	1993		
Change in Operator	Casinghea	ud Gas 🗌	Conde	nsate							
f change of operator give name ad address of previous operator											
I. DESCRIPTION OF WELL	L AND LE	ASE									
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Unit Letter	;;;;;;;;;;;;;;;;;;;;_;		Feet F	rom The	Line	and		_ Feet	From The _		
Section 24 Towns	hip 8	South	Range	37 E	ast ,NM	<b>IPM,</b> R	oosev	elt_			County
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II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conder			Address (Giw	address to wi	hich appro	wed co	opy of this fo	rm is to be s	int)
EOTT Energy Corp.	XX]				P.O. Box						
Name of Authorized Transporter of Cas	inghead Gas		or Dry	Gas	Address (Give	address to wi	hick appro	rved co	opy of this fo	rm is to be s	ent)
Warren Petroleum Comp	any					ox 1589,		a, C /hen?	OK 7401	2	
If well produces oil or liquids, rive location of tanks.	Unit	Sec.	Twp.								
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		24	85	<u>37E</u>		es	I	1	0/18/7	9	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

## RECEIVED

SEC 0 8 1993

OCD HOLLS

Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL	<b>CONSERVATION</b>	DIVISION
	P.O. Box 2088	

-.U. Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator			ANSP	PUr		AND NAT	UNAL	unc	Well A	PI No.		
Orbit Enterprises, In	с								30	0-041-20	)204	
Address P. O. Box 755, Hobbs,	NM 88	241								,		
Reason(s) for Filing (Check proper box)						Othe	t (Please e	xplain	) `			
New Well		Change in		-	r of:							
Recompletion	Oil Casinghea		Dry Cond			Effect	ive Au	igus	t 1, 1	991		
change of operator give name Mur	•					n, P. O.	Drawe	er 2	648, R	oswell,	New Mex	ico 8820
L DESCRIPTION OF WELL				<u>.</u>								2
Lease Name	AILD DL	Well No.	1			ng Formation			Kind o	of Lease Federal #r/F#s		ease No.
Federal AB		1	B	<u>lui</u>	<u>tt Sa</u>	n Andres	Assoc	с.	17771			1-044214A
Location Unit LetterI	. 21	30	Feet	From	The S	outh Line	and66	50 ·	F <del>o</del>	et From The	East	Line
0.1		uth			37 E		APM,		sevelt			County
Section 24 Townsh			Rang				<u>11 IVI,</u>					
II. DESIGNATION OF TRAM Name of Authorized Transporter of Oil		or Conde		ND	NATU	RAL GAS	e address u	o whic	h approved	copy of this f	orm is to be si	eni)
Pride Pipeline Compan	XX V	0. 00100				P. O. E	lox 243	36,	Abilen	e, Texa	<u>s 79604</u>	
Name of Authorized Transporter of Casir	ighead Gas	X	or D	ny Ga							iorm is to be si 10	ent)
Warren Petroleum Comp If well produces oil or liquids,	Dany Unit	Sec.	Twp	. [	Rge.	Is gas actually			When	<u>0K 740</u> ?	12	
rive location of tanks.	I	24	85	5 1	37E	<u> </u>	les		i	10/18/7	9	
f this production is commingled with that	from any oth	her lease or	pool,	give o	commingl	ing order numl	xer:					
V. COMPLETION DATA	<i>ap</i>	Oil Wel	1	Gai	Well	New Well	Workove	er	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		pl. Ready t	o Prod	L		Total Depth		1		P.B.T.D.	<u> </u>	1
-						Teo Oll Can	0					
Elevations (DF, RKB, RT, GR, elc.)	Name of P	roducing F	ormati	ion		Top Oil/Gas	ray			Tubing Dep	նհ	
Perforations						L				Depth Casin	ng Shoe	
			CA	SINI	3 AND	CEMENTI	NG REC	<u>NR</u>	)			
HOLE SIZE		SING & T					DEPTH				SACKS CEN	IENT
				<u></u>							<u></u>	
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABL	E.	and must	be equal to at	exceed to	n allow	vable for thi	is depth or be	for full 24 ho	wrs.)
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		e oj 100		4/14 //1651	Producing M	ethod (Flor	w, pun	τρ, gas lift, i	etc.)	<u> </u>	
						Casing Press				Choke Size		
Length of Test	Tubing Pr	essure				Casing Press	ule			0		
Actual Prod. During Test	Oil - Bbls					Water - Bbis	•			Gas- MCF		
				·		]				<u> </u>		K
GAS WELL Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conder	nsate/MMC	CF		Gravity of	Condensate	
LEADING FLOOR - FALLON / PA							100-1			Choke Size		
Testing Method (pilol, back pr.)	Tubing Pr	ressure (Sh	ut-ina)			Casing Press	ore (Sum-1	ш)		CHURE SIZE		
VI. OPERATOR CERTIFIC	CATE O	F COM	PLL	AN	CE				CEDV		DIVISI	
I hereby certify that the rules and reg	ulations of the	e Oil Cons	ervatio	XC					SERV	AHON	DIVISI	
Division have been complied with an is true and complete to the best of my	d that the info y knowledge :	ormation gi and belief.	iven ab	DOVE		Date		over	1			
TAN												
Jer Hunder	7		0			By_	· · · ·	<u>.</u>			n di 1	
Signature Joe Jonder	- 5		Pr-e	<u>e 5</u>	1							
Printed Name P-9-91		585-3	96	-4	1914	_						<u></u>
Date		Te	elephor	se No	).							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III	State of Ne Energy, Minerals and Natu OIL CONSERVA P.O. Bo Santa Fe, New Me	TION DIVISION x 2088	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
1000 Rio Brazos Rd., Aztec, NM 87410 I. Operator	REQUEST FOR ALLOWAB TO TRANSPORT OIL		PI No.
Murphy Operating C Address P.O. Drawer 2648.	Roswell, New Mexico 882	02-2648	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condensate	Other (Please explain) Effective September	
If change of operator give name and address of previous operator	Ingram, P.O. Box 1757,	Roswell, New Mexico 882	
II. DESCRIPTION OF WELL A Lease Name Federal AB	Well No. Pool Name, Includin		Ederal XXXXX NM-044214A
Unit Letter I	: 2130 Feet From The S	outh Line and Fee	EastLine
Section 24 Township	8 South Range 37 Eas	t , NMPM, Roosevelt	County
	SPORTER OF OIL AND NATU	RAL GAS	· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter of Oil Pride Pipeline Cor	X or Condensate	Address (Give address to which approved P.O. Box 2436, Abilene	, Texas 79604
Name of Authorized Transporter of Casing	head Gas X or Dry Gas	Address (Give address to which approved P.O. BOX 300, TUISA, C	copy of this form is to be sent)
Oxy Cities Service If well produces oil or liquids, give location of tanks.	e NGL, Inc. Warrenifet. Unit Sec. Twp. Rec. I I 24 8S 37E	Is gas actually connected? Yes When	
Ľ <u> </u>	from any other lease or pool, give commingli	ng order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion - Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING AND		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES			
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	Producing Method (Flow, pump, gas lift, e	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
		<u> </u>	
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my I	ations of the Oil Conservation that the information given above	Date Approved	ATION DIVISION OCT 3 1 1989
Printed Name October 26, 1989	Production Supervisor Tile (505) 623-7210		BIGNED BY JERRY SEXTON RICT I SUPERVISOR
Date Historical control of the source states with	Telephone No.		an tanan sa

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.