

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

RECEIVED	
DISTRIBUTION	
FILE	
UNIT	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	NATURAL GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format CG-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Orbit Enterprises, Inc.</u>	
Address <u>c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241</u>	
Section(s) for filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Castinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Effective September 1, 1984

If change of ownership give name and address of previous owner Formerly Darrell Jackson & Richard Donald Murphree, Box 763, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mountain Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Tomahawk (San Andres)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-18846</u>
Location Unit Letter <u>C</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>7S</u> Range <u>32E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>SWD</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Castinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Donna Hall
(Signature)
Agent
(Title)
9/24/84
(Date)

OIL CONSERVATION DIVISION
SEP 26 1984

APPROVED _____, 19____
BY _____ ORIGINAL SIGNED BY JERRY EATON
TITLE _____ DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.