

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPIES REQUIRED
OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NMXO-3160-4
LEASE DESIGNATION AND SERIAL NO
NM-80166

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Orbit Enterprises, Inc.		3a. Area Code & Phone No. 505-393-2727	
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241		8. FARM OR LEASE NAME Mountain Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 990" FEL Sec. 30 <i>Unit H</i>		9. WELL NO. 2	
14. PERMIT NO		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4438 RT	
10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T07S, R32E	
12. COUNTY OR PARISH Roosevelt		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Return to production	<input type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Set pump jack, ran rods & tubing. Well returned to production
10/28/91. Pumped 100% water first 5 days. 11/6/91 Pump 1 bbl
oil & 10 bbl water

NOV 25 10 03 AM '91

18. I hereby certify that the foregoing is true and correct

SIGNED <u>Wanda Walker</u>	TITLE <u>Agent</u>	DATE <u>11-22-91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

ACCEPTED FOR RECORDS
PETER W. CHESTER
DATE
DEC 6 1991
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA