

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

EXPIRES AUGUST 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM-18846

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Orbit Enterprises, Inc.
3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM
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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mountain Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Tomahawk San Andres

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30, T7S, R32E

12. COUNTY OR PARISH 13. STATE

Roosevelt

NM

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4438 RT

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Request Extension of Time

(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.) *

A request is hereby made for a 6 months extension of time in which to return well to production. It is planned to install pumping unit, run tubing, rods & pump as soon as economically feasible.

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

SIGNED

Alonzo Walker

TITLE Agent

DATE 10/22/85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 6 MONTH PERIOD
ENDING MAY 6 1986

*See Instructions on Reverse Side

APPROVED
DATE
PETER W. CHESTER

NOV 6 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

10-10-1985

RECEIVED

NOV 7 - 1985

O.C.D.
HOLDS OFFICE