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

State of New Mexico Ene. __, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	YI 140.		j	
Orbit Enterprises, Inc.								30-041-	-20693		
Address											
c/o Oil Reports & Cas Servic	es, Inc.	., P.O.	Box 75	5, Hobbe	, M 88241	1-0755					
Reason(s) for Filing (Check proper box)					U Othe	t (Please explai	n)				
New Well	0	Change in	-			Effect	ive Dat	e 9/1/93	3		
Recompletion Change in Operator X	Oil Dry Gas Seffective Date Casinghead Gas Condensus							, ., .	•		
Cimile in Obermon —						D C 2	. 755 '	lobbe NA	1 89241	.0755	
If change of operator give name und address of previous operator	averoo	Opera	ting	Company	, Inc.,	P.O. Box	(/55, F	N , ZOOOS	1 00241.	-0133	
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	Well No. Pool Name, Including										
Farrell Federal		17			an Andres Sile, F			Federal oldfield NM-83197			
Location											
Unit Letter A	131	.0	. Feet Fro	m The N	orth um	and _1310	Fe	et From The 🍱	East	Line	
						D					
Section 28 Township	7 Sou	<u>th</u>	Range	33 E	M, JSE	IPM, ROOS	sevelt			County	
		n e= =	** . * **		n.t 010						
III. DESIGNATION OF TRANS	Address /Giv	, GAS ress (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Oil or Condensate Scurlock Permian Corporation					P.O. Box 4648, Houston, Tx 77210-83147						
	Gas -	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petroleum Company					P. O. Box 1589, Tulsa, OK 74102						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually	y connected?	When				
give location of tanks.	J	28	7S	33E	Yes		i	2/29/8	34		
If this production is commingled with that f	rom any oth	her lease or	pool, giv	e comming!	ing order numb	xer:					
IV. COMPLETION DATA	-									L	
	~	Oil Well		as Weii	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u></u> _			Total Depth	L		10000		1	
Date Spudded	Date Com	pl. Ready to	o Prod.		Torri Debru			P.B.T.D.			
The state of Production Companies					Top Oil/Gas	Pay		Tuhing Death		<u></u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth			
Perforations					<u>L</u>	Depth Casing	Depth Casing Shoe				
		TUBING.	CASI	NG AND	CEMENTI	NG RECOR	D_				
HOLE SIZE					DEPTH SET			SACKS CEMENT			
								 			
	m 505	A 7 7 A 4 PT	1 ft f ft		L			<u> </u>			
V. TEST DATA AND REQUES	I FOR	ALLUW	ABLE	مدينج المحمد الم	م مه لمنسو مه		nunhle for thi	t depth or he f	or full 24 km	75.)	
OIL WELL (Test must be after recovery of total volume of load oil and mu. Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
LALE FIRE NEW OIL KUD 10 1 ADK	Dare of tex				Promoting transmit to service has the Game Advisorred						
Length of Test	Tubing Pressure				Casing Press	ure stu		Choke Size	Choke Size		
Tental At the Tental Linearies											
Actual Prod. During Test	During Test Oil - Bbls.				Water - Bbis	•		Gas- MCF	Gas- MCF		
CASTICIT	_ 			 							
GAS WELL Actual Prod. Test - MCF/D	l anmh of	Test			Bbls. Condet	sate/MMCF		Gravity of C	ondensale		
Serial Lion Test - MCLID	od. Test - MCF/D Length of Test										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
south transcon (hunt) numb b. A		•	-								
VI. OPERATOR CERTIFIC	ATEO	F COM	PIIAN	JCF.	1				_ ,, ,,		
I hereby certify that the rules and regul					(OIL CON				NC	
Division have been complied with and that the information given above					SEP 1 5 1993						
is true and complete to the best of my knowledge and belief.					Date Approved						
The In	1.										
1 Mattelle					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature/ Laren Holler Agent					DISTRICT I SUPERVISOR						
Printed Name			Title		Title						
September 10, 19	93		393-								
Date		Te	lephone l	40 .							

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.