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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410	REQU	EST F	OR A	LLOWAE	BLE AND A	AUTHORIZ	ZATION				
I.	7	OTRA	NSP	ORT OIL	AND NAT	<b>FURAL GA</b>					
								Well API No.			
Orbit Enterprises, Inc	•		<u> </u>		<del> </del>		30	-041-206	599		
c/o Oil Reports & Gas Service	es, Inc.	, P.O.	Box 7	755, Hobbos	s, NM 8824:	1-0755					
Reason(s) for Filing (Check proper box)						s (Please expla	in)				
New Well		Change in	•						_		
Recompletion	Oil	$\sqcup$	Dry G			Effec.	tive Da	te 9/1/9	3		
Change in Operator	Casinghead	OM X	Conde	amu 🔲						<del></del>	
			ting	Compan	y, Inc.,	P.O. Box	x 755, 1	Hobbs, N	M 88241	-0755	
. DESCRIPTION OF WELL AND LEASE  ease Name Well No.   Pool Name, Include					an Farmatian		V:- 4	Lease No.			
Lease Name	Ì	Well No.			an Andre	_	Mind of	r Lease Federal oXXX			
Farrell Federal		24	Jula	veroo 3	an Andre	3					
Location Unit LetterN	: 1310		. Feet F	rom The _S	South Line	2630	) Fe	et From The $rac{V}{2}$	Jest	Line	
Section 28 Township	7 Sout	:h	Range	33 E	ast , NA	IPM, ROOS	sevelt			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU  Name of Authorized Transporter of Oil or Condensate  Scurlock Permian Corporation						RAL GAS  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 4648, Houston, Tx 77210-83147					
Name of Authorized Transporter of Casinghead Gas  or Dry Gas   Warren Petroleum Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102						
If well produces oil or liquids,	<del></del>	Sec.	Twp.		is gas actually		When			******	
give location of tanks.	J	28	<u>  75</u>	33E	Yes		1 3/	1/84			
If this production is commingled with that f  IV. COMPLETION DATA	rom any oth	r lease or	pool, gi	ve commingi	ing order numb	er:					
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. 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			
Elevations (D1, 100), N1, ON, stell				-	•			Turing Depart			
Perforations								Depth Casing	Shoe		
	T	UBING,	CAS	NG AND	CEMENTIN	NG RECOR	D				
			SING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
									·····		
									<del></del>		
								1			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	,	<u> </u>				· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes					thod (Flow, pu					
					1						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	l	<del> </del>		<del></del>	l		<del></del>	<del></del>	·	<del></del>	
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	nte/MMCF		Gravity of C	ondensale	<del></del>	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
Testing Method (pilox, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COMP	TIAI	NCF	<u>                                     </u>		<u></u>	<u></u>		<del></del>	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and t				<b>'e</b>				A P 400	10		
is true and complete to the best of my knowledge and belief.					Date Approved SEP 1 5 1993						
Was Minn					Dail	שאטושארי	<i></i>				
Mala Heller					<sub>B</sub> ,,	ORIG	INAL SIGN	IED BY JER	RY SEXTO	N	
Signature /		Agen	.+		∥ By		DISTRIC	T I SUPERV	ISOR		
Laren Holler Printed Name			Title	<del></del>	Tiala						
September 10, 199	93	(505)		2727	III IIII I	- ,	<del></del>	·····	<del></del>	<del></del>	

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

Date

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

Telephone No.

- 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.

P.CEME

40 × 50 OFFICE