## District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico

Form C-104 Revised February 10, 1994

Instructions on back

OIL CONSERVATION DIVISION
PO Box 2088 NO Drawer DD, Artesia, NM 88211-6719 District III

Submit to Appropriate District Office

1000 Rie Brazes District IV	Rd., Azt	×, NM 87410			Santa F	e, NM	8750	04-2088				] AMI	ENDED REPORT	
PO Baz 20 <b>68, S</b> T	anta Fe, N	M 87504-2088	T E	OD AT	TOWAR	TE AR	JD A	מרעייוז	የፖልጥ	ייט די אין	PANCI	- 2∕\?1	•	
I		reçues		CIC ALL	IZA I	TION TO TRANSPORT OGRID Number								
Orbit Enterprises, Inc.											016530			
c/o Oil Reports & Gas Services, Inc.												Reason for Filing Code		
P. O. Box 755 Hobbs, New Mexico 88241-0755												- O-104		
								pol Name				CH 'Pool Code		
30 - 041 -		7	Chaveroo SA										.2049	
' Pr	de	Chaveroo SA  Property Name							' Well Number					
1572	:5		TUCKER HALL									006		
II. 10 S	Surface	Locatio	n					,						
Ul or lot no. Section		Towaship		Range Lot.ldn		Feet free	Feet from the		uth Line	Feet from the	East/W	est line	County	
н	25	07S		32E		20	00	NORT	Ή	660 EAST		ST	Roosevelt	
11 Bottom Hole Location														
UL or lot me. Section				Range	Lot Ida	Feet fre	m the	North/S	outh line	Feet from the	East/V	est line	County	
Н	25	07S		32E		20	2000		H	660	EAS	ST	Roosevelt	
12 Lee Code	<sup>13</sup> Prod	cing Method Code		14 Gas Connection Dat		ie u	<sup>14</sup> C-129 Per			" C-129 Effective	Date	" C	-129 Expiration Date	
P	P P			1/15/85								}		
III. Oil a	nd Ga	s Transpo	orter	'S				**		· · · · · · · · · · · · · · · · · · ·				
Transpo		19 Transporter Name					POD	3 O/G						
OGRID		and Address								and Description				
020445		Scurlock Permian Corp. P. O. Box 4648					07067	710	0	A-25-07S-32E				
		Houston, Texas 77210-4648					A. S. Z.							
024650		Warren Petroleum Co.						730	G					
\$150000 PARTS		P. O. Box 1589							124000	A-25-07S-32E				
Tulsa			OK 74102											
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Ameter Look	Sec. (53)			2000										
				·		9.50 9.50								
	POD POD	<u>Nater</u>					H POP	ULSTR Loc		Description				
							- 100	A-25-0						
0706								A-23-0	775-52	· #				
V. Well Completion Data								<sup>26</sup> TD <sup>26</sup> PBTD <sup>26</sup> Perforations						
<sup>15</sup> Spud Date			<sup>36</sup> Ready Date				- 10					<b>.</b>		
* Hole Size			M Casing & Tubing Size						Depth S	iei .	<u></u>	<sup>36</sup> Sacks Cement		
Hote Stre			Casing & Tubing Size											
						·								
VI. Wel	1 Test	Data												
Date New Oil * (			as Delivery Date Mark Test Date					N Test I	ength	H Thg. Pressure			" Cag. Pressure	
" Choke Size			4 Oil 4 Water			Water	<sup>43</sup> Gas		4.5	" AOF		4 Test Method		
									الاستنداد					
" I bereby se	rtify that t	he rules of the lation given abo	Oil Co	nseryation I	Division have b aplete to the be	een compli- at of my	2d		om. Co	ONSERVA'	TION	DIVI	SION	
knowledge an	7	1.	/ /	i										
Signature: Muln Holler								Approved by:  ON APPROXIMATION AND APPROXIMATION  Title:						
Printed name:	. /					Tit	Tide: CAPACAD E CAPACADAS							
Laren Holler Title:								proval Date:	SER	2 3 1994				
Agent Date: 0/06/04			Phone: (505) 393-2727				╢							
9/	26/94	lanestes (III	1- 42-		505) 393 imber and nai			Anere! 62						
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Chav	Op. Co.	1		Printed Name				Thie	Date					

Effective 9/1/94

## New Mexico Oil Conservation Division C-104 instructions

## F THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED AMENDED REPORTS AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells,

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change ges transporter

RT Request for test allowable (Include volume requested) request for test showable (include voice) if for any other reason write that reason in this box.

- The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table:
  F Federal
  S State
  P Fee 12.

Jicarilla

- Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- completion
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
  O Oil
  G Gas 21.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string 33.

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new pil was first produced
- 35 MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

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