District 1

PO Bex 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

1000 Rie Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

State of New Mexico aergy, Minerals & Natural Resources Department

CKF
Form C-104
Revised February 21, 1994
Instructions on backs of the properties of the last of
unit to Appropriate District Office

Sub 5 Copies

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ROBERT H. FORREST, JR.									19381					
609 Elora Carlsbad, NM 88220									3 Reason for Flling Code					
	,								CH effe	ctive	Feb.	1, 1996		
	VPI Number				¹ Pı	ool Name	<u> </u>	لينسي			41	Pool Code		
30-015-25327 SQUARE LAKE GB-SA											52520			
						Property Name				¹ Well Number				
18688 HOLLY A FEDERAL										. #1				
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UL er lot Bo.	Section	Township	Range	Lot Ida	Feet from the		North/South line		Feet from the	East/West line		County		
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III. Oil a	nd Gas	Transport					·							
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OGRID	_		and A ldres	44		* POD * O/G			22 POD ULSTR Location and Description					
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4 Choke Size		⁴ Oil ⁴ Water			ter	44 Gas			" AOF			** Test Method		
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knowledge and belief Signature: Printed name: ROBERT H. FORREST, JR.						OIL CONSERVATION DIVISION								
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Tille: Dwner/Operator					^	Approval Date: MAR 1 1 1996								
Date: 3/1/	90	Phone: 505-887-3567			7									
"If this is a ch	ange of ope	rator fill in the	OGRID nuu	nber and name of	I the bieston	is operate	or							
x L	Le C		Lus					ROLEU	JM, INC.	Pres	ident	3/1/91		
	Previous O	perator Signatur	re			Printed	Name		-	Tit	le	Date		

Printed Name

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

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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.

FM out only sections I, M, IM, 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.
- 3

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- The API number of this well
- Б. 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

State Fee Jicarilla SPJNU

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- Plugback vertical depth 28.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions 29. in this well bore

- 31 Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34 Number of eacks of cement used per casing string

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.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44 MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. 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 47.
- 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 48.