District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

C/SF
LT
GT
Dp

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

RECEIVED
AUG 16 '94
O. C. D.
ARTESIA, OFFICE

1 Operator name and Address	2 OGRID Number
Robert H. Forrest, Jr. 609 Elora Carlsbad, New Mexico 88220	19381
	3 Reason for Filing Code CH - effective August 1, 1994

4 API Number	5 Pool Name	6 Pool Code
30 - 015-02102	~~Artesia~~ - Q-GR-SA	3230

7 Property Code	8 Property Name	9 Well Number
15696	Toomey-Allen	9

II. 10 Surface Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
P	28	18S	28E		990	South	330	East	Eddy

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

12 Lse Code	13 Producing Method Code	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date
S					

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
15694	Navajo Refining Company P.O. Drawer 159 Artesia, New Mexico 88211	2603710	O	
9171	Phillip/GPM Gas Corp. 1040 Plaza Office Bldg. Bartlesville, OK 70004	2603730	G	

IV. Produced Water

23 POD	24 POD ULSTR Location and Description

V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations

30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement
			Post ID-3
			9-23-94
			chg op

VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg. Pressure	39 Csg. Pressure

40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method

46 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: [signature]
Printed name: Robert H. Forrest, Jr.
Title:
Date: 8-1-94 Phone: (505) 887-3567

OIL CONSERVATION DIVISION
Approved by: [signature]
Title: SUPERVISOR, DISTRICT II
Approval Date: AUG 18 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
[signature]	Morexco	President	8-1-94

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" 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**

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

3. **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 gas transporter
   - **RT** Request for test allowable (Include volume requested)

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

4. **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**

10. **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.

11. **The bottom hole location of this completion**

12. **Lease code from the following table:**
    - **F** Federal
    - **S** State
    - **P** Fee
    - **J** Jicarilla
    - **N** Navajo
    - **U** Ute Mountain Ute
    - **I** Other Indian Tribe

13. **The producing method code from the following table:**
    - **F** Flowing
    - **P** Pumping or other artificial lift

14 **MO/DA/YR that this completion was first connected to a gas transporter**

15. **The permit number from the District approved C-129 for this completion**

16. **MO/DA/YR of the C-129 approval for this completion**

17. **MO/DA/YR of the expiration of C-129 approval for this completion**

18. **The gas or oil transporter's OGRID number**

19. **Name and address of the transporter of the product**

20. **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.**

21. **Product code from the following table:**
    - **O** Oil
    - **G** Gas

22. **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.)**

23. **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.**

24. **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.)**

25. **MO/DA/YR drilling commenced**

26. **MO/DA/YR this completion was ready to produce**

27. **Total vertical depth of the well**

28. **Plugback vertical depth**

29. **Top and bottom perforation in this completion or casing shoe and TD if openhole**

30. **Inside diameter of the well bore**

31. **Outside diameter of the casing and tubing**

32. **Depth of casing and tubing. If a casing liner show top and bottom.**

33. **Number of sacks 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.

34. **MO/DA/YR that new oil 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**

38. **Flowing tubing pressure - oil wells**
    Shut-in tubing pressure - gas wells

39. **Flowing casing pressure - oil wells**
    Shut-in casing pressure - gas wells

40. **Diameter of the choke used in the test**

41. **Barrels of oil produced during the test**

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.

46. **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**