District I

PO Box 1988, Hobbs, NM 88241-1988

District II

PO Drawer DD, Artesia, NM 88211-0719 **OIL CONSERVATION DIVISION**

Form C-104 DT ary 21, 1994 Revised February 21, 1994 Instructions on back
Submit to Appropriate District Office

State of New Mexico

District III						PO Box 2088				in to Ap	hiohii	5 Copies	
1000 Rie Braze District IV	s Rd., Aztec	, NM 87410		Santa	Fe, NA	A 87504	4-2088				1	_	
PO Box 2008, 8										L		ENDED REPORT	
<u>I.</u>	R	EQUES				ND AU	THOR	IZAT	ION TO TI	RANSP	ORT	•	
			Operator as	:36					¹ OGRID Number				
Robert H. Forrest Jr.										019381			
609 Elora							ý			3 Reason for Filing Code			
Carlsbad, New Mexico 88220										CH 21-96			
	API Number				Pool Name				' Pool Code				
30 - 0 15-21484 Artesia Queen-Grayl						ura, S	an Andi	res	03230				
' h	reperty Code		⁴ Property Name						* Well Number				
	18		· · · · · · · · · · · · · · · · · · ·						1- ×				
	Surface	Location	3										
Ul or lot no.	ot no. Section Township Ra		Range	Lot.Idn	Feet from	m the North/South Line			Feet from the East/West line County			County	
K	33	18S	28E		1980		South		2230	I INTO C	West Eddy		
11]	Bottom 1	Hole Lo	ole Location					•	2230	T Wes	West Eddy		
UL or lot no.	Section			Lot Ida	ot Idn Feet from the		North/South line		Feet from the	East/We	East/West line Co		
K	33	18S	28E	28E		1980		ì	2230	Wes	+	Eddy	
12 Lac Code	13 Producia	ng Method C	ode "Gas	Connection Da			South		C-129 Effective			129 Expiration Date	
S	S P							1					
III. Oil a	nd Gas	Franspor	rters					<u> </u>					
Transpor	rter	1º Transporter Name					D	²¹ O/G	²² POD ULSTR Location				
OGRID		and A idress						and Description					
34 019	Pr	Phillips Trucking 0					,	0					
Sec. 20. 100. 100. 100.	30000000000												
807 A. Jakob J.													
									years, Marie I are to be an executive				
								TO BETWEEN					
	Clarent 3												
									FFA 5 1998				
									<u> </u>				
									ON COMETIV				
IV. Produced Water									ط د				
	ICEO WA	ter	 				<u> </u>			<u> </u>	· Ł		
						" POD UL:	STR Locatio	a and D	escription				
0858950									··				
V. Well Completion Data Spud Date Ready Date "TD								T					
Spud	Date	_	Ready Date		" TD		" PBTD		" Perfora	tions	31	M DIIC, DC,MC	
		<u> </u>	·										
	^ы Ilole Size		, " C	asing & Tubic	ng Size		ı a	epth Se			M Sack	s Cement	
									Part I 0-3			0-3	
										2-	2-23-96		
									1				
		 						shy up					
71 317-11	Took De	10	<u> L</u>							0			
VI. Well			altua — D ÷	1 ===			W.T		<u>.</u>		,		
Date No	ew Oil	²⁶ Gas Delivery Date					Test Length		" Tbg. Pr	essure		Csg. Pressure	
# a													
41 Choke	Size			"	4 Water		44 Gas		4 AOF		* Test Method		
									<u> </u>				
" I hereby certil with and that the	fy that the rule e information	es of the Oil (given above i	Conservation Di	ivision have bee plete to the best	of my	•	OII	CO	MCEDVATI	ON D	WIOI	NO.	
knowledge and l	belief	7		uiy	OIL CONSERVATION DIVISION								
Signature:							Approved by: ORIGINAL SIGNED BY TIM W. GUM						
Printed name:	7)=1:	<u> </u>)		Title: DIOTHIOT HISTORICA								
Robert H. Forrest Jf.													
Owner							Approval Date: FEB 1 6 1996						
Date: Feb			Phone: 50	5-887 - 35	67								
" If this is a cl		rator fill is t	he OGRID non	aber and name	e of the pre	vious opera	lor						
0010		de	len !	- when	ار ا		Dickson	n	Own	ner		1-31-96	
	Previous O	perator Sign	ature			Printe	d Name			Title	•	Date	

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.

- 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.
- 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. 3.
- 4 The API number of this wall
- 5 The name of the pool for this completion
- R The pool code for this pool
- 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
 - SPINU Fee Jicarilla
 - Navajo Ute Mountain Ute Other Indian Tribe
- 13.
- The producing method code from the following table: Flowing Flowing
 Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- 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
- MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- 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 Oil Gas
- 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
- 27. Total vertical depth of the well

Top and bottom perform

28. Plugback vertical depth

30

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 in this well bore. 29.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cament 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 35.
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. 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.