

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

OIL CONSERVATION DIVISION

PO Box 2088
Santa Fe, NM 87504-2088

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Robert H. Forrest, Jr. 609 Elora Carlsbad, New Mexico 88220		OGRID Number 19381
Reason for Filing Code CH - effective August 1, 1994		
API Number 30-015-24260	Pool Name Artesia - Q-GR-SA	Pool Code 3230
Property Code 15696	Property Name Toomey-Allen	Well Number 10

II. 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		330	South	990	East	Eddy

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
Lee Code S	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	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

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
			Part ID-3	
			9-23-94	
			chg up	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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: *Robert H. Forrest, Jr.*
Printed name: Robert H. Forrest, Jr.

Date: 8-1-94 Phone: (505) 887-3567

OIL CONSERVATION DIVISION

Approved by: SUPERVISOR, DISTRICT II

Title:
Approval Date: AUG 1 9 1994

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

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"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 filled for each pool in a multiple completion.

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

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.

Reason for filling 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.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

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 OGD unit letter.

The bottom hole location of this completion

Lease code from the following table:

F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:

F Flowing
P Pumping or other artificial lift

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

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

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

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

The gas or oil transporter's OGRID number

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.

Product code from the following table:

G Oil
G 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.)

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.

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.)

MO/DA/YR drilling commenced

MO/DA/YR this completion was ready to produce

Total vertical depth of the well

Plugback vertical depth

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

Inside diameter of the well bore

Outside diameter of the casing and tubing

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

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.

MO/DA/YR that new oil was first produced

MO/DA/YR that gas was first produced into a pipeline

MO/DA/YR that the following test was completed

Length in hours of the test

Flowing tubing pressure - oil wells

Shut-in tubing pressure - oil wells

Flowing casing pressure - oil wells

Shut-in casing pressure - gas wells

Diameter of the choke used in the test

Barrels of oil produced during the test

Barrels of water produced during the test

MCF of gas produced during the test

Gas well calculated absolute open flow in MCF/D

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

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