

Submit 3 Copies To Appropriate District Office

State of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
May 27, 2004

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505WELL API NO.
30-025-108465. Indicate Type of Lease
STATE ☒ FEE ☒6. State Oil & Gas Lease No.
326447. Lease Name or Unit Agreement Name
MELBA GOINS

8. Well Number #001

9. OGRID Number 19381

10. Pool name or Wildcat 7-River-Queen
LangMattix

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: X Oil Well Gas Well Other Water Injection Well

2. Name of Operator

ROBERT H. FORREST

3. Address of Operator

609 ELORA Dr. Carlsbad NM 88220

4. Well Location

Unit Letter P : 330 feet from the South line and 990 feet from the East line
Section 27 Township 23S Range 37E NMPM County Lea11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GLPit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material: _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ P AND A ☐
CASING/CEMENT JOB ☐OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and if applicable, the estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions Attach a schematic diagram of proposed completion or recompletion.

Perform Bradenhead Test on Producing Well

Tubing Pressure was 25#, Casing Pressure was 25#, Bradenhead Pressure was 0#. Witnessed by Sylvia Dickey, OCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief. This well or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan.

SIGNATURE

Robert H Forrest Jr.

TITLE

Owner/

operator

DATE

5/21/88

Type or print name

For State Use Only

E-mail address:

Telephone No.

APPROVED BY

Chris Williams

OC DISTRICT SUPERVISOR/GENERAL MANAGER

TITLE

DATE

JUL 29 2008

Conditions of Approval (if any):

Need chart! CWL

JUL 25 2008
HOBBS OCL

RECEIVED

JUL 25 2008
HOBBS OCL