Submit 3 Copies To Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO.
30-025-28202

5. Indicate Type of Lease
STATE FEE X

6. State Oil & Gas Lease No.
25708

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.)

7. Lease Name or Unit Agreement Name
EXXON A FEDERAL

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

8. Well Number #002

2. Name of Operator
ROBERT H. FORREST Jr Oil LLC

9. OGRID Number 19381

3. Address of Operator
609 ELORA Dr Carlsbad NM 88220

10. Pool name or Wildcat DelawareSWD
SWD; Delaware

4. Well Location
Unit Letter K : 1980 feet from the South line and 1980 feet from the West line
Section 27 Township 24S Range 32E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL

Pit 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
OTHER	☐			OTHER	X BRADENHEAD TEST		

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

RECEIVED
JUL 25 2008
HOBBS OCD

Perform Bradenhead Test on Injecting Well

Tubing Pressure was 550 #, Casing Pressure was 0 #, 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. I further certify that any pit 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 12/24/08
Robert H Forrest Jr.

Type or print name
For State Use Only

E-mail address:

Telephone No.

OC DISTRICT SUPERVISOR/GENERAL MANAGER JUL 29 2008

APPROVED BY Chris Williams TITLE DATE

Conditions of Approval (if any): Need test! CW