

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Azusa, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator RW Oil Company		Well API No. 30-005-00548
Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 2-1-89	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Bisco Oil Company, Box 755, Hobbs, NM 88241		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Reno Federal	Well No. 1	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Free	Lease No. NM-01480
Location Unit Letter L : 2310 Feet From The South Line and 300 Feet From The West Line Section 3 Township 15S Range 31E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None - SWD Well	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? When?

If this production is commingling with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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 Donna Holler
Printed Name Donna Holler Agent
Date 4-17-89 Telephone No. 505-393-2727

OIL CONSERVATION DIVISION

Date Approved APR 27 1989

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

W. H. OIL COMPANY
P. O. BOX 1200
HOBBS, NEW MEXICO 88240
RECEIVED

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

SWD

2. Name of Operator

RW Oil Company

Tommy Willyard

3. Address and Telephone No.

PO Box 1209, Lovington, NM

(505)396-2179

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

3-15S-31E

2310/54 300/1e

5. Lease Designation and Serial No.

NMNM 01480

6. Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Reno Federal #1

9. API Well No.

30-005-00548

10. Field and Pool, or Exploratory Area

SWD: Green

11. County or Parish, State

Chaves

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other *Change of Operator*

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

On December 13, 1993, James W. Crain and Jeanie E. Crain, operating as RW Oil Company, executed an Assignment of Oil and Gas Working Interest and Operating Rights along with a Bill of Sale to Tommy Willyard, dba RW Oil Company, regarding the following wells:

Reno Federal #1
API #30-005-00548

Reno Federal #2
API #30-005-10151

Reno Federal #3
API #30-005-10152

Reno Federal #4
API #30-005-10153

14. I hereby certify that the foregoing is true and correct

Signed

Title *Owner/Operator*

Approved *12-22-94*

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

PETER W. CHESTER
APR 12 1995
BUREAU OF LAND MANAGEMENT
WELL RESOURCES AREA

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-005-1-151 0024d
5. Indicate Type of Lease (Fed) <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	Fed. lease NMNM01480

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: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>	7. Lease Name or Unit Agreement Name Reno Fed.
2. Name of Operator R.W. Oil Company	8. Well No. 1
3. Address of Operator P.O. Box 1209 Lovington, NM 88260	9. Pool name or Wildcat Caprock Queen
4. Well Location Unit Letter <u>L</u> : <u>2310'</u> Feet From The <u>FSL</u> Line and <u>330'</u> Feet From The <u>FWL</u> Lin Section <u>3</u> Township <u>15S</u> Range <u>31E</u> NMPM <u>Chaves County</u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4428'</u>	

11. 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 ☐
OTHER: Run scheduled Integrity test ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Rep. annual test ☐

12. 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.

5-18-96

1. R.U. Hot oiler, load csg. w/1/4 bbl. fresh water. Press to 400 psi.
2. Held pressure for 24 minutes with no leak off.
3. Ran pressure chart, (included with report).
4. Note: T.P. slight vacuum. Braden head open w/no blow.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

Owner

DATE

7-22-96

TYPE OR PRINT NAME

Tommy Willyard

TELEPHONE NO

505-396-

(This space for State Use)

FOR RECORD ONLY

JUL 26 1996

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

3

