

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

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

Before the OCD  
Case 13412  
OCD Ex. 8

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator RW Oil Company	Well API No. 30-005- 10153
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. 4	Pool Name, Including Formation Caprock Queen	Kind of Lease Lease, Federal or State	Lease No. NM-01480
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>15S</u> Range <u>31E</u> , <u>NMPM</u> , Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210
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 ? M   3   15S   31E   No

If this production is commingled 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		F.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.

*Donna Holler*  
Signature  
Donna Holler Agent  
Printed Name Title  
4-17-89 505-393-2727  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 27 1989

By ORIGINAL SIGNED BY JOHN BAXTER  
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.

**U. S. OIL CONS. COMMISSION**  
**UNITED STATES DEPARTMENT OF THE INTERIORS**  
**BUREAU OF LAND MANAGEMENT**  
 RECEIVED  
 P.O. BOX 1930  
 ROSWELL, NEW MEXICO 88240

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.

5. Lease Designation and Serial No.

**NMNM 01480**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**SUBMIT IN TRIPLICATE** AREA

1. Type of Well

Oil Well  Gas Well  Other

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**

8. Well Name and No.

**Reno Federal #4**

9. API Well No.

**30-005-10153**

10. Field and Pool, or Exploratory Area

**Caprock Ruffa**

11. County or Parish, State

**Chaves**

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <b>Change of Operator</b>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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 data, 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

*No gas transporter attached*

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

Signed *Tommy Willyard*

Title **Owner/Operator**

Date **12-22-94**

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
 Conditions of approval, if any:

Title \_\_\_\_\_

**APPROVED**  
**PETER W. CHESTER**  
**APR 12 1995**

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

Oil Well     Gas Well     Other

2. Name of Operator

RW Oil Company

3. Address and Telephone No.

PO Box 1209, Lovington, NM, 88260    505-396-2179

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

*N*    3-15S-31E    6305 120900

5. Lease Designation and Serial No.

NM-01480

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

4 - Reno Federal

9. API Well No.

33-105-10153

10. Field and Pool, or Exploratory Area

11. County or Parish, State

Chaves, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Repairs</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)\*

Action Taken:

August 1, 1995

Repaired flowline and put well back on.

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

Signed Tommy Willyard Title Owner/Operator

(This space for Federal or State Office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any:

ACCEPTED FOR RECORD  
PETER W. CHESTER Date 8-9-95  
AUG 25 1995 Date  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side