


**CASES NO. 12771/12771A**

**Note to file:** The attached documentation, as it relates to the following four (4) described wells located in Section 3, Township 15 South, Range 31 East, NMPM, Chaves County, New Mexico operated by R. W. Oil Company of Lovington, New Mexico, pertains to the matter heard in this cause and is hereby made a part of the official record. Please do not remove from the case file by order of the examiner.

**MICHAEL E. STOGNER  
EXAMINER<sup>7</sup>**



---

**Date:** March 3, 2005

- (1) Reno Federal Well No. 1 (API No. 30-005-00548), located 2310 feet from the South line and 330 feet from the West line (Unit L);
- (2) Reno Federal Well No. 2 (API No. 30-005-10151), located 990 feet from the South line and 330 feet from the West line (Unit M);
- (3) Reno Federal Well No. 3 (API No. 30-005-10152), located 1980 feet from the South and West lines (Unit K); and
- (4) Reno Federal Well No. 4 (API No. 30-005-10153), located 660 feet from the South line and 1980 feet from the West line (Unit N).

①

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

OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

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

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

WELL API NO.  
30-005-1-151-00248

5. Indicate Type of Lease  
(Fed)  STATE  FEE

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:  
OIL WELL  GAS WELL  OTHER Injection

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 L : 2310' Feet From The FSL Line and 330' Feet From The FWL Line  
Section 3 Township 15S Range 31E NMFM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4428'

11. 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   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING   
OTHER: Run scheduled Integrity test

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

*Tommy Williard*

TITLE

Owner

DATE

7-22-96

TYPE OR PRINT NAME

Tommy Williard

TELEPHONE NO 505-396-

(This space for State Use)

FOR RECORD ONLY

5517  
JUL 26 1996

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

H. H. OIL COMPANY  
P. O. BOX 1280  
HOBBS, NEW MEXICO  
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

Jan 9 9 03 AM  
BUREAU OF LAND MANAGEMENT  
ROSBUILDING  
AREA

5. Lease Designation and Serial No.  
10. NMMN 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: Queen  
11. County or Parish, State  
Chaves

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/S & 300/W

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 Change of Operator working interest
	<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

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 [Signature] Title Owner/Operator Approved [Signature] Date 12-22-94

(This space for Federal or State office use)

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

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

Submit 5 Copies  
 Appropriate District Office  
 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

State of New Mexico  
 Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I.

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 Fee	Lease No. NM-01480
Location Unit Letter <u>L</u> : <u>2310</u> Foot From The <u>South</u> Line and <u>300</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>15S</u> Range <u>31E</u> , 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"/> <u>None - SWD Well</u>	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 commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 Title \_\_\_\_\_

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

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

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NO. OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Bisco Oil Company

Address  
c/o Oil Reports & Gas Services, Inc, Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Effective 12/1/85

If change of ownership give name and address of previous owner Tenneco Oil Co., 1200 Lincoln Tower Bldg., Denver, Colorado 80203

II. DESCRIPTION OF WELL AND LEASE

NM-01480

Lease Name Reno Federal	Well No. 1	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>300</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>15S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - SWD Well	
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 commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Donna Walker  
(Signature)  
Agent  
(Title)  
11/26/85  
(Date)

OIL CONSERVATION DIVISION  
**DEC 13 1985**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT / SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL [ ] GAS WELL [ ] OTHER SWD
2. NAME OF OPERATOR Jansses Oil Company
3. ADDRESS OF OPERATOR Box 1031 - Midland, Texas 79701
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 300' FWL, 2310' FSL
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4417 GR
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME USA RENO
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Caprock Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA With Sec. 3, 15-S, 31-E
12. COUNTY OR PARISH Chaves 13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [ ] PULL OR ALTER CASING [ ] WATER SHUT-OFF [ ] REPAIRING WELL [ ]
FRACTURE TREAT [ ] MULTIPLE COMPLETE [ ] FRACTURE TREATMENT [ ] ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ] ABANDON\* [ ] SHOOTING OR ACIDIZING [ ] ABANDONMENT\* [ ]
REPAIR WELL [ ] CHANGE PLANS [ ] (Other) Convert to SWD [ ]
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)
July 14-1971
Set Gibson packer at 3115'.
Loaded annulus with fresh water.
Pumped 1000 gal of 15% acid w/inhibitor down 2 3/4" tubing.
Followed this with 11 1/2 bbls. of brine water to displace acid into formation.
Final treating pressure 1200 psi; average treating pressure 1150 psi.

18. I hereby certify that the foregoing is true and correct
SIGNED Davis L. Cannon TITLE clerk DATE July 14, 1971

APPROVED
FEB 22 1972
R. L. BEEKMAN
ACTING DISTRICT ENGINEER



N. M. O. C. C. COPY  
United States Department of the Interior

GEOLOGICAL SURVEY  
P. O. Drawer U  
Artesia, New Mexico 88210

February 17, 1972

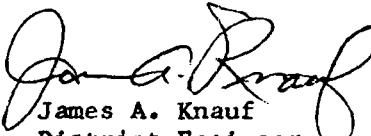
Tenneco Oil Company  
Post Office Box 1031  
Midland, Texas 79701

Gentlemen:

Your Notice of Intention to convert and operate as a salt water disposal well your No. 1 USA Reno on oil and gas lease New Mexico 01480, located 2310/S and 330/W sec. 3, T. 15 S., R. 31 E., N.M.P.M., Chaves County, New Mexico, by injecting produced waste waters into the Queen formation through casing perforations at 3,154 - 3,159 feet, is hereby approved subject to approval by the New Mexico Oil Conservation Commission and the following:

1. If off-lease waters are to be disposed of in this system, a special land use permit to operate this well as such must be secured from the Bureau of Land Management prior to injecting of any such waters.
2. Where applicable and required, right of way permits for pipe lines from other leases must be secured from the Bureau of Land Management or other owners prior to laying of any such gathering lines.
3. The usual Sundry Notice and Report, form 9-331 in quintuplicate, must be filed with this office prior to commencing any further workover, treatment, suspension of operation, or change of status of this well.
4. A monthly injection report (N.M.O.C.C. form C-120-A acceptable) must be submitted to this office in duplicate.

Sincerely yours,

  
James A. Knauf  
District Engineer

Attachment

03 V 1

ST 10

U.S. DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. O. C. C. COPY  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE  
(Other Instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424

**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—" for such proposals.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD</p> <p>2. NAME OF OPERATOR <i>Jensen Oil Company</i></p> <p>3. ADDRESS OF OPERATOR <i>Box 1031 - Midland, Texas 79701</i></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <i>300' FWL, 2310' FSL.</i></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <i>NM-01480</i></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <i>USA Reno</i></p> <p>9. WELL NO.</p> <p>10. FIELD AND POOL, OR WILDCAT <i>Caprock Queen</i></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Unit 4 Sec. 3 153-31E</i></p> <p>12. COUNTY OR PARISH <i>Chaves</i></p> <p>13. STATE <i>New Mexico</i></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4417 GR</i></p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OR	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) *To convert to SWD*

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

17. 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.)\*

*July 12-1971*  
*Propose to convert lens #1 to SWD as follows -*  
*Set packer around 3115'*  
*Isol annulus*  
*Acidize & test*

RECEIVED  
FEB 11 1972

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

SIGNED <i>Noris L. Carson</i>	TITLE <i>clerk</i>	DATE <i>July 12-1971</i>
<p>(This space for Federal or State office use)</p> <p>APPROVED BY _____ TITLE _____ DATE _____</p> <p>CONDITIONS OF APPROVAL, IF ANY:</p>		



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TRANSPORTER	OIL
	GAS
REGISTRATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

FORM C-110  
(Rev. 7-60)

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Dec 24 11 24 AM '63

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Tenneco Oil Company</b>				Lease <b>SEA Base Oil Company</b>	Well No. <b>1</b>
Unit Letter <b>L</b>	Section <b>3</b>	Township <b>15-S</b>	Range <b>31-E</b>	County <b>Chaves</b>	<i>Federal</i>
Pool <b>Cayrock Queen</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>	
If well produces oil or condensate give location of tanks		Unit Letter <b>L</b>	Section <b>3</b>	Township <b>15-S</b>	Range <b>31-E</b>
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>			Address (give address to which approved copy of this form is to be sent)		
<b>Continental Pipeline Company</b>			<b>Carpenter Bldg., Artesia, New Mexico</b>		
Is Gas Actually Connected? Yes ___ No <u>X</u>					
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)		
<b>None</b>					

If gas is not being sold, give reasons and also explain its present disposition:

**Not enough gas to sell. Used on lease and vented.**

REASON(S) FOR FILING (please check proper box)

New Well .....	<input type="checkbox"/>	Change in Ownership .....	<input checked="" type="checkbox"/>
Change in Transporter (check one)		Other (explain below)	
Oil .....	<input type="checkbox"/>	Dry Gas .....	<input type="checkbox"/>
Casing head gas ..	<input type="checkbox"/>	Condensate ..	<input type="checkbox"/>

Remarks

**Change operator's name from Tenneco Corporation to Tenneco Oil Company, effective January 1, 1964.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 23rd day of December, 1963.

OIL CONSERVATION COMMISSION		By <i>R. O. Bowery</i>
Approved by <i>Earl H. James</i>		<b>R. O. Bowery</b>
Title		<b>District Office Supervisor</b>
Date		<b>Tenneco Oil Company</b>
		Address <b>Box 1031, Midland, Texas</b>

NUMBER OF COPIES RECEIVED	
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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Tenneco Corporation</b>	Lease <b>USA Reno Oil Co.</b>	Well No. <b>1</b>
---	----------------------------------	----------------------

Unit Letter <b>L</b>	Section <b>3</b>	Township <b>15-S</b>	Range <b>31-E</b>	County <b>Chaves</b>
-------------------------	---------------------	-------------------------	----------------------	-------------------------

Pool <b>Caprock Queen</b>	Kind of Lease (State, Fed, Fee) <b>Federal</b>
------------------------------	---

If well produces oil or condensate give location of tanks	Unit Letter <b>L</b>	Section <b>3</b>	Township <b>15-S</b>	Range <b>31-E</b>
--	-------------------------	---------------------	-------------------------	----------------------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
<b>Continental Pipeline Company</b>	<b>Carper Bldg., Artesia, New Mexico</b>

Is Gas Actually Connected? Yes \_\_\_\_\_ No

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
<b>None</b>		

If gas is not being sold, give reasons and also explain its present disposition:

**Not enough gas to sell. Used on lease and vented.**

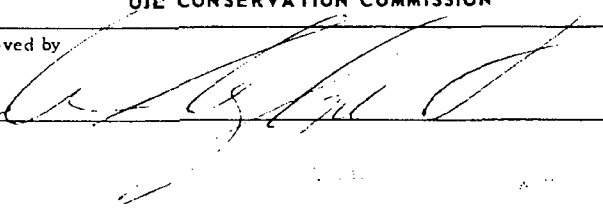
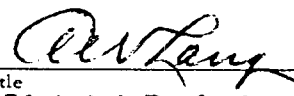
REASON(S) FOR FILING (please check proper box)

- |  |   |
|--|---|
| New Well . . . . . <input type="checkbox"/>  | Change in Ownership . . . . . <input checked="" type="checkbox"/> |
| Change in Transporter (check one)  | Other (explain below)   |
| Oil . . . . . <input type="checkbox"/> Dry Gas . . . . . <input type="checkbox"/>  |   |
| Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/> |   |

Remarks  
**Change operator's name from Tennessee Gas Transmission Company to Tenneco Corporation, effective MAR 1 1961**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the      day of **MAR 1 1961**, 19    .

Approved by 	OIL CONSERVATION COMMISSION	By 
	Title <b>District Production Superintendent</b>	Company <b>Tenneco Corporation</b>
Date	Address <b>Box 307, Hobbs, New Mexico</b>	

# Union Oil Company of California

205 EAST WASHINGTON AVENUE



LOVINGTON, NEW MEXICO

UNIT OPERATOR  
SOUTH CAPROCK QUEEN UNIT

December 16, 1960

New Mexico Oil Conservation Commission  
District Office  
P. O. Box 2045  
Hobbs, New Mexico

Attention: Joe D. Ramey

Dear Sir:

Enclosed is the original and 4 copies of Form C - 110  
which your office requested.

Under "Remarks" it has been stated that this well was  
erroneously shown in the Unit and should still be car-  
ried under Tennessee Gas Transmission Co.

Yours very truly,

A. T. Mannon  
Unit Superintendent

am

Enclosures

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

~~South Caprock~~  
~~Queen Unit~~

Company or Operator Union Oil Company of California Lease Tract 14  
Well No. 19-3 Unit Letter L S 3 T15 - SR 31 - E Pool Caprock Queen

County Chaves Kind of Lease (State, Fed. or Patented) Federal  
If well produces oil or condensate, give location of tanks: Unit L S 3 T 15-S R 31-E  
Authorized Transporter of Oil or Condensate Continental Pipe Line Company

Address 220 Carper Building, Artesia, New Mexico  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None  
Address \_\_\_\_\_  
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:  
No market - gas being flared.

Reasons for Filing: (Please check proper box) New Well  ( )  
Change in Transporter of (Check One): Oil  Dry Gas  C'head  Condensate   
Change in Ownership  Other Unitized  (X)  
Remarks: \_\_\_\_\_  
(Give explanation below)

**This well was erroneously shown in the Unit and should still be carried under Tennessee Gas Transmission Co.**

**Tennessee Gas Company  
U.S.A. Reno Federal Well No. 1**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 16th day of December 19 60

By [Signature]

Approved \_\_\_\_\_ 19 \_\_\_\_\_

Title Unit Superintendent

OIL CONSERVATION COMMISSION

Company Union Oil Company of California

By [Signature]

Address 205 East Washington

Title \_\_\_\_\_

Lovington, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

South Caprock Queen  
Unit - Tract 14

Company or Operator Union Oil Company of California Lease

Well No. 12-3 Unit Letter L S 3 T 15-SR 31-B Pool Caprock Queen

County Chaves Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit L S 3 T 15-SR 31-B

Authorized Transporter of Oil or Condensate Continental Pipe Line Company

Address 220 Casper Building, Artesia, New Mexico  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address  Date Connected   
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

No market - gas being flared.

Reasons for Filing: (Please check proper box) New Well ( )

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership ( ) Other Utilized ( X )

Remarks: (Give explanation below)

Agency: Tennessee Gas Company  
U.S.A. Reno Federal Well No. 1

Change effective: DEC 1 1960

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the NOV 29 1960 day of 19

By A. Mannon

Approved  19

Title Unit Superintendent

OIL CONSERVATION COMMISSION

Company Union Oil Company of California

By [Signature]

Address 205 East Washington

Title District Director

Livington, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Tennessee Gas Transmission Company Lease USA Reno Oil Co.

Well No. 1 Unit Letter L S 3 T 158 R 31E Pool Caprock Queen

County Chaves Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate Continental Pipeline Company

Address Carper Bldg., Artesia, New Mexico  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address \_\_\_\_\_  
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Not enough gas to sell. Used on lease and blown to air.

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ ( )

Change in Transporter of (Check One): Oil (X) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( )

Remarks: \_\_\_\_\_ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 25th day of May 1959

Approved \_\_\_\_\_ 19 \_\_\_\_\_

By D. W. Coffey D. W. Coffey  
Title District Superintendent

OIL CONSERVATION COMMISSION

Company Tennessee Gas Transmission Company

By [Signature]

Address Box 307, Hobbs, New Mexico

Title \_\_\_\_\_

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Tennessee Gas Transmission Company Lease USA Reno Oil Corporation

Well No. 1 Unit Letter L S -3 T -15-S R -31-E Pool Caprock Queen

County Chaves Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit L S -3 T -15-S R -31-E

Authorized Transporter of Oil or Condensate Malco Refineries Inc.

Address Artesia, New Mexico  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address \_\_\_\_\_  
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Not enough produced to sell. Used on Lease and Vented to Air.

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ ( )


Change in Transporter of (Check One): Oil  Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( )

Remarks: \_\_\_\_\_ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 3rd day of September 1957

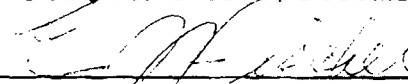
By  D. F. Dwyer

Approved \_\_\_\_\_ 19 \_\_\_\_\_

Title District Production Superintendent

OIL CONSERVATION COMMISSION

Company Tennessee Gas Transmission Co.

By 

Address 203 North Lincoln Street

Title \_\_\_\_\_

Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Tennessee Gas Transmission Co. Lease USA Reno Oil Co.

Well No. 1 Unit Letter L S 3 T 15 R 31 Pool Caprock Queen

County Chavez Kind of Lease (~~STATE~~, Fed. ~~GOVERNMENT~~) Federal

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate Cactus Petr., Inc.

Address Box 1567, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas \_\_\_\_\_

Address \_\_\_\_\_

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ ( )

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership \_\_\_\_\_ ( ) Other \_\_\_\_\_ (X)

Remarks: \_\_\_\_\_ (Give explanation below)

This form is filed showing the change in pool designation of  
this well.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

By Joseph Borden  
Joseph Borden

Approved \_\_\_\_\_ 19\_\_\_\_

Title District Clerk

OIL CONSERVATION COMMISSION

Company Tennessee Gas Transmission Co.

By E. Fischer

Address Box 1031

Title \_\_\_\_\_

Midland, Texas



OIL CONSERVATION COMMISSION

P. O. BOX 2045  
HOBBS, NEW MEXICO

DATE March 14, 1957

TO:

Tennessee Gas Transmission Company

Box 1031

Midland, Texas

Gentlemen:

In accordance with the provisions of Commission Order No. R 958,  
your USA Reno Oil Co. #1-1 Sec. 3-15-31, which  
Lease Well No. S-T-R,

is currently listed in the undesignated section of the oil proration  
schedule, will appear in the Caprock-Queen Pool in  
the April proration schedule.

Please file Form C-110 showing the change in pool designation of  
this well.

Yours very truly,

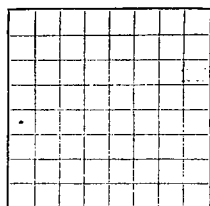
OIL CONSERVATION COMMISSION

R. F. Montgomery  
Proration Manager

RFM/hs

Form 9-330

U. S. LAND OFFICE Artesia  
SERIAL NUMBER NM - 01180  
LEASE OR PERMIT TO PROSPECT



LOCATE WELL CORRECTLY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LOG OF OIL OR GAS WELL

Company Tennessee Gas Transmission Company Address P.O. Box 1031 Midland, Texas  
Lessor or Tract USA Reno Oil Co. Field Caprock Queen State New Mexico  
Well No. 1 Sec. 3 T. 15-N R. 31-E Meridian NMPM County Chaves  
Location 2310 ft. N of S. Line and 330 ft. E of W Line of Section 3 Elevation 1429  
(Denote base relative to sea level)

The information given herewith is a complete and correct record of the well and all work done thereon so far as can be determined from all available records.

Signed [Signature]  
Date 12-28-56 Title Dist. Supt.

The summary on this page is for the condition of the well at above date.

Commenced drilling November 23, 1956. Finished drilling December 17, 1956.

OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from 3154 to 3164 No. 4, from          to           
No. 2, from          to          No. 5, from          to           
No. 3, from          to          No. 6, from          to         

IMPORTANT WATER SANDS

No. 1, from          to          No. 3, from          to           
No. 2, from          to          No. 4, from          to         

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of steel	Cut and pulled from	Perforated		Purpose
							From	To	
8-5/8	24#	8 Rd	J-55	3154	Tex. Pat. Shok				
5-1/2	11#	8 Rd	J-55	3154	2" Red Collar				
5-1/2	11#	8 Rd	J-55	3154	2" Red Collar				

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
8-5/8	358'	250	Pump & Plug	10.4	
5-1/2	3196'	150	Pump & Plug	10.4	

PLUGS AND ADAPTERS

Heaving plug—Material          Length          Depth set           
Adapters—Material          Size         

SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out

TOOLS USED

Rotary tools were used from Surface feet to TD feet, and from          feet to          feet  
Cable tools were used from          feet to          feet, and from          feet to          feet

DATES

Put to producing December 17, 1956

The production for the first 24 hours was 25 barrels of fluid of which 99% was oil; 0% emulsion; 0% water; and 2% sediment. Gravity, °Bé. 36

If gas well, cu. ft. per 24 hours          Gallons gasoline per 1,000 cu. ft. of gas           
Rock pressure, lbs. per sq. in.         

EMPLOYEES

        , Driller         , Driller  
        , Driller         , Driller

FORMATION RECORD

FROM-	TO-	TOTAL FEET	FORMATION
0	350	350	Sand & Red Bed
350	1390	1040	Red Bed
1390	2500	1110	Anhydrite & Salt
2500	3152	652	Anhydrite
3152	3164	12	Sand
3164	3181	17	Anhydrite, Lime, & Sand
3181	3198	17	Anhydrite

Geologic Tops

1356  
1465  
2353  
3154

Anhydrite  
Salt  
Yates  
Queen

\* Geologic Tops Taken From GRN Log



NEW MEXICO  
OIL CONSERVATION COMMISSION

Form C-128

Well Location and/or Gas Proration Plat

Date 10-16-56

Operator TENNESSEE GAS TRANSMISSION CO. Lease USA - RENO OIL CO.

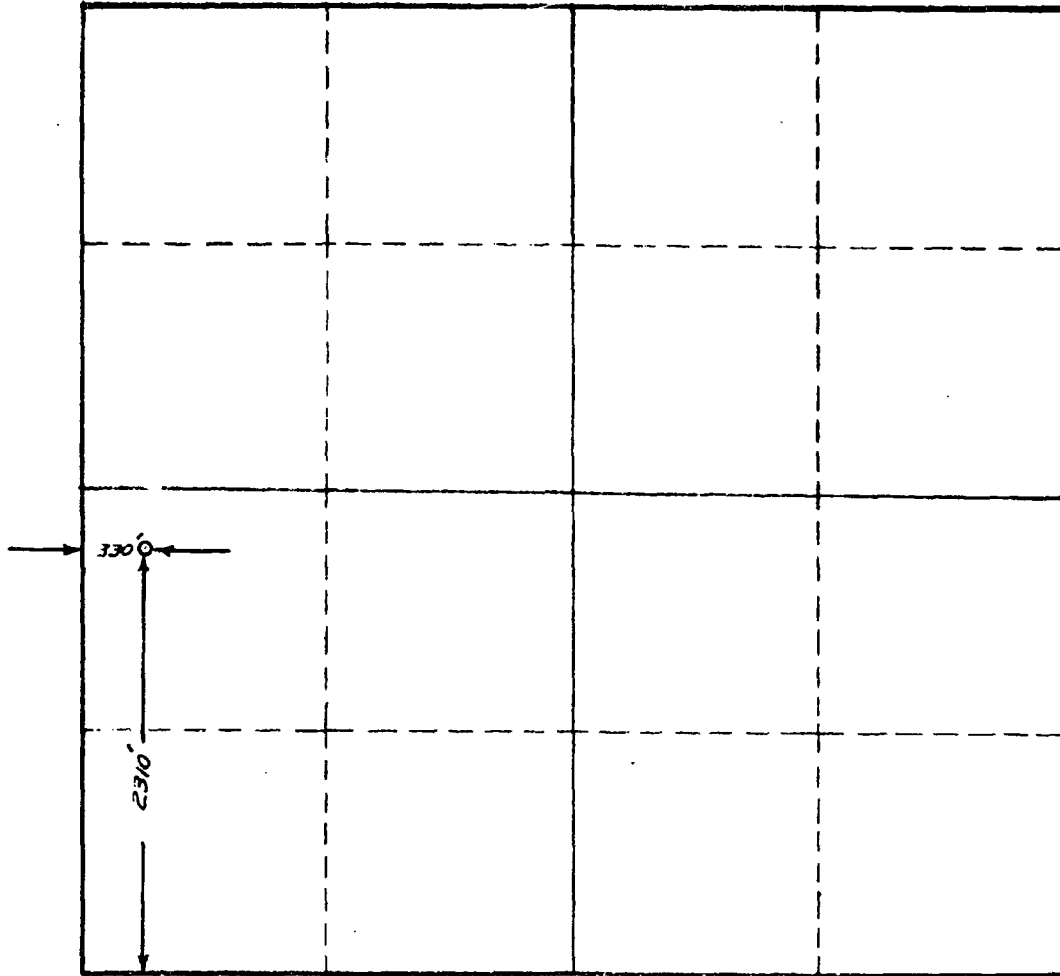
Well No. 1 Section 3 Township 15-S Range 31-E NMPM

Located 330 Feet From WEST Line, 2310' Feet From SOUTH Line,

CHAYES County, New Mexico. G. L. Elevation 4417.0

Name of Producing Formation Queen Pool Caprock Dedicated Acreage 40

(Note: All distances must be from outer boundaries of Section)



1. Is this Well a Dual Comp. ? Yes  No

2. If the answer to Question 1 is yes, are there any other dually completed wells within the dedicated acreage? Yes  No

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

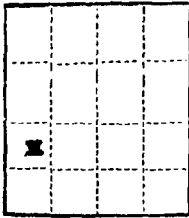
Name \_\_\_\_\_  
Position \_\_\_\_\_  
Representing \_\_\_\_\_  
Address \_\_\_\_\_

Date Surveyed 10-16-56  
John W West  
Registered Professional Engineer and/or  
Land Surveyor

Form 9-331a  
(Feb. 1951)

(SUBMIT IN TRIPLICATE)

Land Office Artesia  
Lease No. M 01480  
Unit 6



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

NOTICE OF INTENTION TO DRILL.....	<input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF WATER SHUT-OFF.....	
NOTICE OF INTENTION TO CHANGE PLANS.....		SUBSEQUENT REPORT OF SHOOTING OR ACIDIZING.....	
NOTICE OF INTENTION TO TEST WATER SHUT-OFF.....		SUBSEQUENT REPORT OF ALTERING CASING.....	
NOTICE OF INTENTION TO RE-DRILL OR REPAIR WELL.....		SUBSEQUENT REPORT OF RE-DRILLING OR REPAIR.....	
NOTICE OF INTENTION TO SHOOT OR ACIDIZE.....		SUBSEQUENT REPORT OF ABANDONMENT.....	
NOTICE OF INTENTION TO PULL OR ALTER CASING.....		SUPPLEMENTARY WELL HISTORY.....	
NOTICE OF INTENTION TO ABANDON WELL.....			

(INDICATE ABOVE BY CHECK MARK NATURE OF REPORT, NOTICE, OR OTHER DATA)

October 30, 19 56

UHA Rose Oil Co. #1  
Well No. \_\_\_\_\_ is located 2310 ft. from N line and 310 ft. from W line of sec. 3  
SW 1/4 of Sec. 3      15-8      31-2      106PM  
(1/4 Sec. and Sec. No.)      (Twp.)      (Range)      (Meridian)  
Cappock Queen      Chaves      New Mexico  
(Field)      (County or Subdivision)      (State or Territory)

The elevation of the derrick floor above sea level is 4129 ft.

DETAILS OF WORK

(State names of and expected depths to objective sands; show sizes, weights, and lengths of proposed casings; indicate mudding jobs, cementing points, and all other important proposed work)

See attached.

I understand that this plan of work must receive approval in writing by the Geological Survey before operations may be commenced.

Company TRANSRIP GAS TRANSMISSION COMPANY

Address Box 1031

Midland, Texas

By J. F. Schmitz  
Title District Superintendent

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
(Revised 7/1/52)

**DUPLICATE**

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas December 18, 1956  
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Tennessee Gas Transmission Co. USA Reno Oil Co., Well No. 1, in NW 1/4 SW 1/4,  
(Company or Operator) (Lease)  
L, Sec. 3, T. 15-S, R. 31-E, NMPM, Caprock Queen Pool  
Unit Letter  
Chaves County. Date Spudded 11/23/56, Date Completed 12/17/56

Please indicate location:

D	C	B	A
E	F	G	H
L X	K	J	I
M	N	O	P

Elevation 4429' Total Depth 3198' P.B. 3163'

Top oil/gas pay 3154' Name of Prod. Form Queen

Casing Perforations: 3154' to 3159' w/6 jets per ft. or

Depth to Casing shoe of Prod. String

Natural Prod. Test 2 BOPD

based on 2 bbls. Oil in 24 Hrs 0 Mins.

frac

Test after ~~24 Hrs~~ 25 BOPD

Based on 25 bbls. Oil in 24 Hrs 0 Mins.

Gas Well Potential

Size choke in inches

Date first oil run to tanks or gas to Transmission system: 12/17/56

Transporter taking Oil or Gas: Cactus Petroleum and Artesia PL Co.

Casing and Cementing Record

Size	Feet	Sax
8-5/8	358	250
5-2/2	3196	150

Remarks: Oil will be sold to Cactus Pet. Co. and trucked out until tank battery is set and Artesia PL Co. connects.

*R. J. Schmalz*

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

Approved: DEC 20 1956, 19

Tennessee Gas Transmission Co.  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: E. J. Fieder  
Engineer District 4

By: J. P. Schmalz (Signature)

Title: District Superintendent  
Send Communications regarding well to:

Title

Name: Tennessee Gas Transmission Co.

Address: P. O. Box 1031, Midland, Texas

**DUPLICATE**

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Tennessee Gas Transmission Company Lease USA Reno Oil Co.

Well No. 1 Unit Letter L S 3 T15-S R 31-E Pool Camrock Queen

County Chaves Kind of Lease ~~State~~ Fed. ~~Oil (State)~~ Federal

If well produces oil or condensate, give location of tanks: Unit S T R

Authorized Transporter of Oil or Condensate Cactus Petr., Inc. \*

Address Box 1567, Midland, Texas  
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas \_\_\_\_\_

Address \_\_\_\_\_  
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well \_\_\_\_\_ (X)

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership \_\_\_\_\_ ( ) Other \_\_\_\_\_ ( )

Remarks: \_\_\_\_\_ (Give explanation below)

\* Cactus Petr., Inc. will be gatherer until pipe line connections  
are completed then Artesia Pipe Line will be gatherer.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 18th. day of December 1956

By Joseph Borden  
Joseph Borden

Approved DEC 20 1956 1956

Title District Clerk

OIL CONSERVATION COMMISSION

Company Tennessee Gas Transmission Co.

By E.J. Fischer

Address Box 1031

Title \_\_\_\_\_

Midland, Texas

CMD :  
OG6IWCM

ONGARD  
INQUIRE WELL COMPLETIONS

02/21/05 12:36:15  
OGOMES -TPFE

API Well No : 30 5 548 Eff Date : 06-07-1994 WC Status : A  
Pool Idn : 96117 SWD;QUEEN  
OGRID Idn : 19869 RW OIL CO  
Prop Idn : 9684 RENO FEDERAL

Well No : 001  
GL Elevation: 4429

U/L Sec Township Range North/South East/West Prop/Act(P/A)

-----  
B.H. Locn : L 3 15S 31E FTG 2310 F S FTG 330 F W A

Lot Identifier:

Dedicated Acre:

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06  
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC



CMD :  
OG6ISWI

ONGARD  
INQUIRE SALT WATER/GAS INJECTION

02/21/05 12:36:29  
OGOMES -TPFE  
PAGE NO: 1

Ogrid Identifier : 19869 RW OIL CO  
Pool Identifier : 96117 SWD;QUEEN  
API Well No : 30 5 548 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Injn. Days MM/YY Injn	Injection Volume Salt Water Gas	Injn Pres	Well Stat
30 5 548	RENO FEDERAL	03 94	1200	300	D
30 5 548	RENO FEDERAL	04 94			D
30 5 548	RENO FEDERAL	05 94	1020	300	D
30 5 548	RENO FEDERAL	06 94			D
30 5 548	RENO FEDERAL	07 94	2400	300	D
30 5 548	RENO FEDERAL	08 94			D
30 5 548	RENO FEDERAL	09 94	1700	300	D

Reporting Period Total :

M0025: Enter PF keys to scroll

PF01 HELP    PF02    PF03 EXIT    PF04 GOTO    PF05    PF06  
PF07 BKWD    PF08 FWD    PF09    PF10 NXTPOOL    PF11    PF12

CMD :  
OG6ISWI

ONGARD  
INQUIRE SALT WATER/GAS INJECTION

02/21/05 12:36:33  
OGOMES -TPFE  
PAGE NO: 2

Ogrid Identifier : 19869 RW OIL CO  
Pool Identifier : 96117 SWD;QUEEN  
API Well No : 30 5 518 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Injn. Days MM/YY Injn	Injection Volume Salt Water	Gas	Injn Pros	Well Stat
30 5	548 RENO FEDERAL	10 94				D
30 5	548 RENO FEDERAL	11 94	1800		300	D

Reporting Period Total : 8120

M0001: This is the last page

PF01 HELP    PF02    PF03 EXIT    PF04 GOTO    PF05    PF06  
PF07 BKWD    PF08 FWD    PF09    PF10 NXTPOOL    PF11    PF12

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[PRRC](#)  
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[NMBGMR](#)



[NYMEX LS Crude](#) \$48.45  
[Navajo WTXI](#) \$44.25  
[Henry Hub](#) \$5.90  
 Updated 2/18/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

**View Injection Data**

**In Internet Explorer, right click and select "Save Target As..."**  
**In Netscape, right click and select "Save Link As..."**

Download: [HTTP](#)

**Well: RENO FEDERAL No.: 001**  
**Operator: RW OIL CO**  
**API: 3000500548 Township: 15.0S Range: 31E**  
**Section: 3 Unit: L**  
**Land Type: F County: Chaves**  
**Pools associated:**

- [SWD;QUEEN](#) Total Acreage: Unknown Completion: Unknown
- [Show All](#)

Year: 1994  
 Pool Name: SWD;QUEEN

Month	Water(BBLS)	Other(BBLS)	Days Injected
January	0	0	0
February	0	0	0
March	1200	0	0
April	0	0	0
May	1020	0	0
June	0	0	0
July	2400	0	0
August	0	0	0
September	1700	0	0
October	0	0	0
November	1800	0	0
December	0	0	0

Page last updated 07/22/2004. Webmaster [gotech\\_prrc@yahoo.com](mailto:gotech_prrc@yahoo.com)

BEFORE THE OIL CONSERVATION COMMISSION  
OF THE STATE OF NEW MEXICO

IN THE MATTER OF THE HEARING  
CALLED BY THE OIL CONSERVATION  
COMMISSION OF NEW MEXICO FOR  
THE PURPOSE OF CONSIDERING:

CASE NO. 4556

Order No. R-4164

APPLICATION OF TENNECO OIL  
COMPANY FOR SALT WATER DISPOSAL,  
CHAVES COUNTY, NEW MEXICO.

ORDER OF THE COMMISSION

BY THE COMMISSION:

This cause came on for hearing at 9 a.m. on June 30, 1971,  
at Santa Fe, New Mexico, before Examiner Elvis A. Utz.

NOW, on this 7th day of July, 1971, the Commission, a  
quorum being present, having considered the testimony, the  
record, and the recommendations of the Examiner, and being  
fully advised in the premises,

FINDS:

- (1) That due public notice having been given as required  
by law, the Commission has jurisdiction of this cause and the  
subject matter thereof.
- (2) That the applicant, Tenneco Oil Company, is the owner  
and operator of the USA-Reno Well No. 1, located in Unit L of  
Section 3, Township 15 South, Range 31 East, NMPM, Caprock-  
Queen Pool, Chaves County, New Mexico.
- (3) That the applicant proposes to utilize said well to  
dispose of produced salt water into the Queen formation, with  
injection into the perforated interval from approximately 3154  
feet to 3159 feet.
- (4) That the injection should be accomplished through  
2 3/8-inch plastic-lined tubing installed in a packer set at  
approximately 3115 feet; that the casing-tubing annulus should  
be filled with an inert fluid; and that a pressure gauge should  
be attached to the annulus at the surface in order to determine  
leakage in the casing, tubing, or packer.

CASE NO. 4556  
Order No. R-4164

(5) That approval of the subject application will prevent the drilling of unnecessary wells and otherwise prevent waste and protect correlative rights.

IT IS THEREFORE ORDERED:

(1) That the applicant, Tenneco Oil Company, is hereby authorized to utilize its USA-Reno Well No. 1, located in Unit L of Section 3, Township 15 South, Range 31 East, NMPM, Caprock-Queen Pool, Chaves County, New Mexico, to dispose of produced salt water into the Queen formation, injection to be accomplished through 2 3/8-inch tubing installed in a packer set at approximately 3115 feet, with injection into the perforated interval from approximately 3154 feet to 3159 feet;

PROVIDED HOWEVER, that the tubing shall be plastic-lined; that the casing-tubing annulus shall be filled with an inert fluid; and that a pressure gauge shall be attached to the annulus at the surface in order to determine leakage in the casing, tubing, or packer.

(2) That the applicant shall submit monthly reports of its disposal operations in accordance with Rules 704 and 1120 of the Commission Rules and Regulations.

(3) That jurisdiction of this cause is retained for the entry of such further orders as the Commission may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO  
OIL CONSERVATION COMMISSION

BRUCE KING, Chairman

ALEX J. ARMIJO, Member

A. L. PORTER, Jr., Member & Secretary

S E A L

dr/

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. DISTRICT  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88401  
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

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 #2  
9. API Well No.  
30-005-10151  
10. Field and Pool, or Exploratory Area  
Caprock Area  
11. County or Parish, State  
Chaves

SUBMIT IN TRIPLICATE

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 990/59 330W

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 <u>Change of Operator</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.)

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: [Signature] Title: Owner/Operator Date: 12-22-94  
(This space for Federal or State office use)  
Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

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

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

OIL CONSERVATION DIVISION

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

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

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. 30-005-10151
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:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective 2-1-89	
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. 2	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Free	Lease No. NM-01480
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>15S</u> Range <u>31E</u> , NMPM, 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"/>	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 M, Sec. 3, Twp. 15S, Rge. 31E
Is gas actually connected?	No
When?	

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			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.

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 JERRY SIXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

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

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



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Bisco Oil Company

Address  
c/o Oil Reports & Gas Services, Inc, Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	Effective 12/1/85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Tenneco Oil Co., 1200 Lincoln Tower Bldg., Denver, Colorado 80203

II. DESCRIPTION OF WELL AND LEASE

Lease Name Reno Federal	Well No. 2	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location				
Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>15S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refing Company	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: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Donna Hales  
(Signature)  
Agent  
(Title)  
11/26/85  
(Date)

OIL CONSERVATION DIVISION  
**DEC 13 1985**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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FILE	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROVATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes O.M. C-104 and C-110  
 Effective 1-1-55

**I. Operator**  
 Tenneco Oil Company

**Address**  
 1200 Lincoln Tower Building, Denver, Colorado 80203

**Reasons for filing (Check proper box)**

New Well	<input type="checkbox"/>	Change in Transporter of:	
Re-completion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>USA Reno</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Caprock Queen Chaves</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>NM01480</u>
Location				
Unit Letter <u>A //</u>	<u>990</u>	Feet From The <u>South</u>	Line and <u>330</u>	Feet From The <u>West</u>
Line of Section <u>3</u>	Township <u>15S</u>	Range <u>31E</u>	County <u>Chaves</u>	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Crude Oil Purchasing Co.</u>	<u>North Freeman Ave., Artesia, N.M. 88210</u>					
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 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 Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 Tanks	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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*D.P. Crawford*  
 (Signature)  
 Senior Production Clerk  
 (Title)  
 October 1, 1974  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY John Runyan  
 Geologist  
 TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 01480

6. IF INDIAN, ALLOTTED OR TRIBE NAME

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—" for such proposals.)

HOBBS OFFICE O.C.C.  
FEB 25 11 21 AM '65

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA-Reno Oil Company Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Caprock Queen

11. SEC., T., R., M., OR BLK. AND  
SUBVY OR AREA

Sec. 3, T-15-S, R-31-E

12. COUNTY OR PARISH

Chaves

18. STATE  
New Mexico

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

990' FSL & 330' FWL of Section 3

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

4410 GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

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

17. 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.)\*

1. Perforated w/4-15/32" BSPF @ 3162-68

2. Sand Frac down 4 1/2" csg w/10,000 gals LO & 1/20#/gal adomite & 15,000# sand (7500# 20-40 mesh & 7500# 10-20 mesh sand) & 250 gals BDA. Max BDP 2600, treating press 2900, FP 2900, immediate SDP 2100, 5" SDP 1800, 10" SDP 1400, avg inj rate 25.5 BPM.

3. Installed pumping equipment. Recovered LO & potential tested. P/113 B0 & 1 BW/24 hrs on 14-48" SPM, 1 1/2" pump.

RECEIVED

FEB 24 1965

O. C. C.  
ARTESIA, OFFICE

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

SIGNED

*R.O. Bowers*

R.O. Bowers

TITLE Dist. Office Supervisor

DATE

2-19-65

(This space for Federal or State office use)

APPROVED BY

*Audrey P. Bauer*

ACTING DISTRICT ENGINEER

TITLE

DATE

FEB 23 1965

CONDITIONS OF APPROVAL, IF ANY:

N. M. O. C. G. COPY  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPlicate\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-B1424.

**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—" for such proposals.)

1.  OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 990' FSL & 330' FWL of Section 3

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
4410 GL

5. LEASE DESIGNATION AND SERIAL NO.  
NM 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
USA-Reno Oil Company

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Undesignated

11. SEC., T., R., M., OR BLDG. AND SURVEY OR AREA  
Sec. 3, T-15-S, R-31-E

12. COUNTY OR PARISH  
Chaves

13. STATE  
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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.)\*

Set & cmtd. 4 1/2" OD, 9.5# J-55 csg. @ 3218' with 25 sx Class C and 15 sx Class C with LA-2. Top of cmt. 2985' by temp. survey. Pressure tested csg. to 1000 PSI after WOC 25 hrs. Held OK.

*Rec'd*  
**JAN 4 1965**

**RECEIVED**  
DEC 31 1964  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED R. O. Bowery TITLE Dist. Office Supervisor DATE 12-29-64

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**DEC 31 1964**  
R. L. BELMONT  
ACTING DISTRICT ENGINEER

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U.S. B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
 Santa Fe, New Mexico

(Form C-104)  
 Revised 7/1/57

**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

**New Well  
 Recompletion**

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Midland, Texas ..... 12-29-64  
 (Place) ..... (Date)

**WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:**

Tenneco Oil Company ..... USA-Reno. Oil Co. .... Well No. 2 ..... in SW 1/4 SW 1/4  
 (Company or Operator) ..... (Lease)  
 M, Sec. 3, T 15-S, R 31-E, NMPM, Undesignated Pool  
 Unit Letter

Chaves County Date Spudded 12-8-64 Date Drilling Completed 12-16-64

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P
X			

Elevation 4410 GL Total Depth 3218 PBD 3184

Top Oil/Gas Pay 3160 Name of Prod. Form. Queen Sand

PRODUCING INTERVAL -

Perforations 3162-3168

Open Hole Depth Casing Shoe 3218 Depth Tubing 3140

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Choke Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 113 bbls. oil, 1 bbls water in 24 hrs, 0 min. Choke Size

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 10,000 gals. 10 & 15,000 # sand

Casing Tubing Date first new  
 Press. 30 Press. 25 oil run to tanks 12-25-64

Oil Transporter Continental Pipe Line Company

Gas Transporter None

990' ESL & 330' FWL  
 (FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	SAN
8 5/8	377	250
4 1/2	3218	40
2 3/8	3140	

Remarks: .....

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

Approved: ....., 19.....

Tenneco Oil Company  
 (Company or Operator)

By: *R.O. Bowery*  
 (Signature) R.O. Bowery

By: *Joe W. [Signature]*  
 Title: .....

Title: District Office Supervisor  
 Send Communications regarding well to:  
 Name: Tenneco Oil Company  
 Address: Box 1031, Midland, Texas

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved. Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

IM 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA-Reno Oil Company

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 3, T-15-S, R-31-E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] Other [ ]

b. TYPE OF COMPLETION: NEW WELL [ ] WORK OVER [ ] DEEP-EN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] Other [ ]

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface 990' PBL & 330' FWL of Section 3

At top prod. interval reported below

At total depth

Rec'd JAN 4 1965

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 12-8-64 16. DATE T.D. REACHED 12-16-64 17. DATE COMPL. (Ready to prod.) 12-25-64 18. ELEVATIONS (OF, RKB, RT, GR, ETC.)\* 4419 DF 19. ELEV. CASINGHEAD 4410 GL

20. TOTAL DEPTH, MD & TVD 3218 21. PLUG, BACK T.D., MD & TVD 3184 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* Queen Sand from 3160 Top - to - 3170 Bottom

25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN 27. WAS WELL CORED No

Iane Wells-Acoustilog

28. CASING RECORD (Report all strings set in well)

Table with columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Includes rows for 8 5/8" and 4 1/2" casing.

29. LINER RECORD and 30. TUBING RECORD tables with columns for SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD).

31. PERFORATION RECORD (Interval, size and number)

3162 - 3168 w/ 15/32" BSFF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Table with columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Includes entry for 3162-3168 with 10,000 gals IO & 15,000 # sand.

33. PRODUCTION

Table with columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKER SIZE, PROD'N FOR TEST PERIOD, OIL-BBL., GAS-MCF., WATER-BBL., GAS-OIL RATIO, FLOW. TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL-BBL., GAS-MCF., WATER-BBL., OIL GRAVITY-API (CORR.).

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

vented

Paul Watson

35. LIST OF ATTACHMENTS

logs as listed in Section 26

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [Signature] TITLE Dist. Office Supervisor DATE 12-29-64

\*(See Instructions and Spaces for Additional Data on Reverse Side)

RECEIVED DEC 3 1964 U.S. GEOLOGICAL SURVEY ALBUQUERQUE, NEW MEXICO

## INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 31.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Sacks Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POREOUS ZONES:		38.		GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			NAME		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	MEAS. DEPTH	TRUE VERT. DEPTH
Yates Sand	2360	2497	fine grained gray sand, probably carrying salt water, but not tested	1355 1402 2248	1355 1402 2248
Queen Sand	3160	3170	fine grained gray sand, oil zone, producing perforations 3162-3168	2360 2497 3160	2360 2497 3160

USA-Reno Oil Company No. 2  
Unit M, Section 3, T-15-S, R-31-E  
Chaves County, New Mexico

DEVIATION SURVEYS


<u>Depth</u>	<u>Degrees of Deviation</u>
119	0
360	3/4
867	1
1350	1 1/4
1843	1
2031	1
2440	1 3/4
2590	1 3/4
2815	1 3/4
3185	1 3/4

AFFIDAVIT

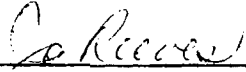
State of Texas

County of Midland

Before me on this day personally appeared R.O. Bowery, known to me to be the person whose name is subscribed to this instrument, who after being duly sworn on Oath states that he represents Tenneco Oil Company in the capacity of District Office Supervisor and that said report of Deviation Surveys contains no misstatements or inaccuracies and that no pertinent matter has been omitted, and that affiant is duly authorized to make this affidavit.

  
\_\_\_\_\_  
R.O. Bowery

Sworn to and subscribed before me this 29th day of December 1964.

  
\_\_\_\_\_  
JO REEVES Notary Public in and for Midland County, Texas

My Commission Expires June 1, 1965



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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator: <b>Tenneco Oil Company</b>			Lease <b>USA-Reno Oil Co. Federal</b>	Well No. <b>2</b>
Unit Letter <b>M</b>	Section <b>3</b>	Township <b>15-S</b>	Range <b>31-E</b>	County <b>Chaves</b>

Pool <b>Undesignated</b>	Kind of Lease (State, Fed, Fee) <b>Federal</b>
-----------------------------	---

If well produces oil or condensate give location of tanks	Unit Letter <b>L</b>	Section <b>3</b>	Township <b>15-S</b>	Range <b>31-E</b>
--	-------------------------	---------------------	-------------------------	----------------------

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
<b>Continental Pipe Line Company</b>	<b>Carper Bldg., Artesia, New Mexico</b>

Is Gas Actually Connected? Yes \_\_\_ No X

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
<b>None</b>		

If gas is not being sold, give reasons and also explain its present disposition:

**Not enough gas to sell. Used on lease and vented.**

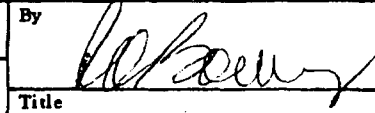
REASON(S) FOR FILING (please check proper box)

- New Well .....
- Change in Transporter (check one)
  - Oil .....  Dry Gas .....
  - Casing head gas .  Condensate . .
- Change in Ownership .....
- Other (explain below) \_\_\_\_\_

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 29th day of December, 19 64.

<b>OIL CONSERVATION COMMISSION</b>		By
Approved by		<b>R.O. Bowery</b>
Title		<b>District Office Supervisor</b>
Date	Company	<b>Tenneco Oil Company</b>
	Address	<b>Box 1031, Midland, Texas</b>

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

M 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1.  GAS WELL  OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface:

990' ESL & 330' FWL of Section 3

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA-Reno Oil Co.

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 3, T-15-S, R-31-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3000 GL (Estimated)

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

17. 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.)\*

Spudded 1 1/4" hole 10:00 P.M. CST, 12-8-64. Set and cmtd. 8 5/8" OD, 32# csg. @ 372' with 250 sx 50-50 Pozmix Incor, 2% CaCl<sub>2</sub>. Cmt. circulated. Pressure tested csg. to 1000 PSI after WOC 12 hrs. Held OK.

RECEIVED

DEC 30 1964

O. C. G.  
ARTESIA, OFFICE

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

SIGNED

*H. O. Bowery*  
H. O. Bowery

TITLE Dist. Office Supervisor

DATE 12-13-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED  
DEC 20 1964  
H. L. BELMONT  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK  
 DRILL  DEEPEN  PLUG BACK   
 b. TYPE OF WELL  
 OIL WELL  GAS WELL  OTHER  SINGLE ZONE  MULTIPLE ZONE

2. NAME OF OPERATOR  
 3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)  
 5. Proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

15. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Measure to nearest drlg. line, if any) 330'  
 16. NO. OF ACRES IN LEASE 150  
 17. NO. OF ACRES ASSIGNED TO THIS WELL 40  
 18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1320'  
 19. PROPOSED DEPTH 3200'  
 20. ROTARY OR CABLE TOOLS Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
 22. APPROX. DATE WORK WILL START\*  
 3000' G.L. Estimated  
 December 5, 1964

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

5. LEASE DESIGNATION AND SERIAL NO.  
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
 7. UNIT AGREEMENT NAME  
 8. FARM OR LEASE NAME  
 9. WELL NO.  
 10. FIELD AND POOL, OR WILDCAT  
 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
 12. COUNTY OR PARISH  
 13. STATE

See Prognosis Attached

RECEIVED  
 DEC 8 1964  
 O. C. C.  
 ARTESIA, OFFICE

RECEIVED  
 DEC 7 1964  
 GEOLOGICAL SURVEY  
 DEPARTMENT OF THE INTERIOR  
 WASHINGTON, D. C.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

SIGNED: A. S. Lang TITLE: District Prod. Supt. DATE: 12-3-64  
 (This space for Federal or State office use)

APPROVED  
 DEC 7 1964  
 H. L. [Signature]  
 ACTING DISTRICT ENGINEER

APPROVAL DATE \_\_\_\_\_  
 TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**WELL LOCATION AND ACREAGE DEDICATION PLAT**

FORM C-128  
 Revised 5/1/57

**SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE**

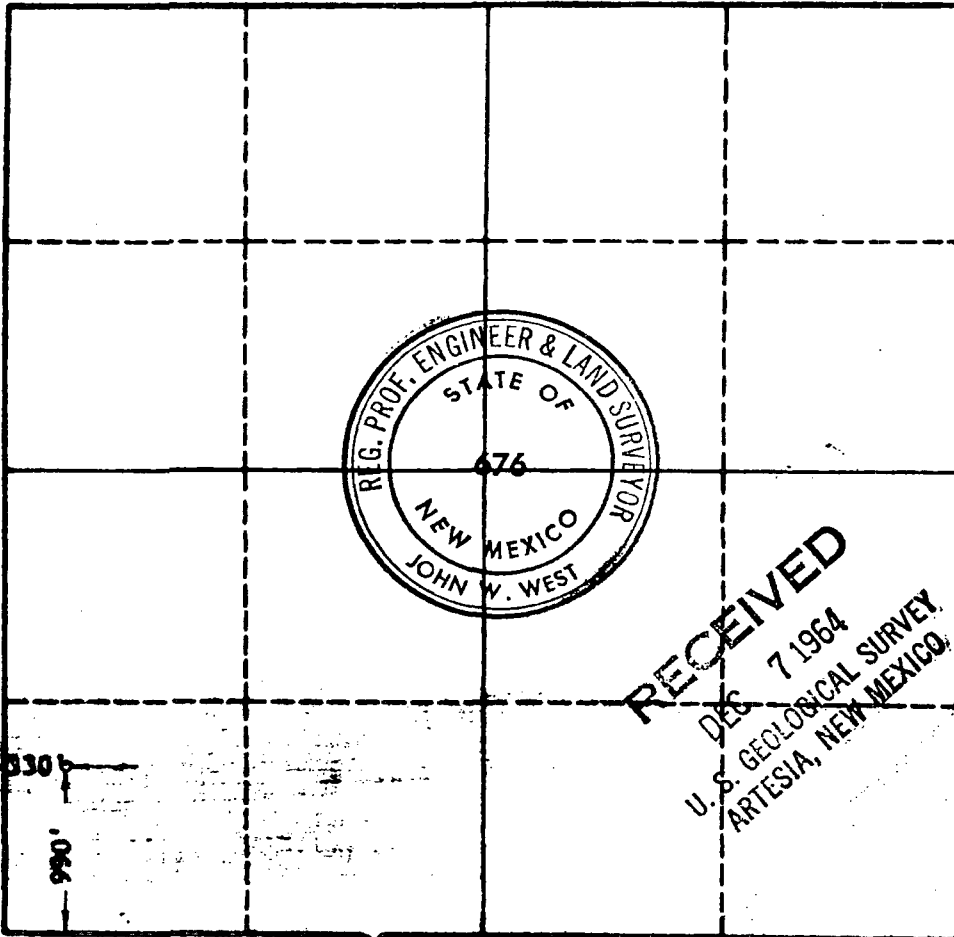
**SECTION A**

Operator <b>TENNECO OIL COMPANY</b>		Lease <b>U.S.A. RENO OIL CO.</b>		Well No. <b>2</b>
Unit Letter <b>M</b>	Section <b>3</b>	Township <b>15 SOUTH</b>	Range <b>31 EAST</b>	County <b>CHAVES</b>
Actual Footage Location of Well: <b>990</b> feet from the <b>SOUTH</b> line and <b>330</b> feet from the <b>WEST</b> line				
Ground Level Elev. <b>3000 EST.</b>	Producing Formation <b>QUEEN SAND</b>	Pool <b>UNDESIGNATED</b>	Dedicated Acreage: <b>40</b> Acres	

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES  NO  ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES  NO  . If answer is "yes," Type of Consolidation **RECEIVED**
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description <b>DEC 8 1964</b>
	<b>D. C. C.</b>

**SECTION B**



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

Name	<b>AGENT</b>
Position	<i>John W. West</i>
Company	<b>TENNECO OIL COMPANY</b>
Date	<b>12-3-64</b>

I hereby certify that the well location shown on the plat in SECTION B was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed	<b>11-27-1964</b>
Registered Professional Engineer and/or Land Surveyor, JOHN W. WEST	<i>John W. West</i>
Certificate No.	<b>N. M. - P. E. &amp; L. S. NO. 676</b>



COUNTY	CHAVES	FIELD	Caprock-Queen	STATE	NM
OPR	TENNECO OIL COMPANY			MAP	
	2 USA-Reno Oil Co.				
	Sec. 3, T-15-S, R-31-E			CO-ORD	
	990' fr S Line & 330' fr W Line of Sec.				
	Spud 12-8-64		CLASS		EL 44198
	Comp 12-31-64				
	FORMATION	DATUM	FORMATION	DATUM	
CSG & SX - TUBING	LOG:				
	Queen 3160				
8 5/8" 371' 250					
4 1/2" 3218' 40					
LOGS EL GR RA IND HC A					
	TD 3218', PBD 3184'				

IP Queen Perfs 3162-68' Pmpd 113 BOPD + 1 BW. Pot. Based on 24 hr test, gravity 30.1, GOR TSTM.

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CONT. Technical Drlg. Service	PROP DEPTH	3200'	TYPE
DATE			

F.R. 12-10-64; Oper's Elev. 4419' Df  
 PD 3200' - Queen  
 Contractor - Technical Drlg. Service  
 12-14-64 Drlg. 2550' anhy & salt.  
 12-21-64 TD 3218', prep to perf.  
 1-4-65 TD 3218', PBD 3184', COMPLETED.  
 Perf 3162-68' W/4 SPF  
 Ac. 250 gals.  
 Frac 10,000 gals oil + 15,000# sd.

CMD :  
OG6IWCM

ONGARD  
INQUIRE WELL COMPLETIONS

02/21/05 12:54:57  
OGOMES -TPFE

API Well No : 30 5 10151 Eff Date : 01-01-1900 WC Status : A  
Pool Idn : 8559 CAPROCK;QUEEN  
OGRID Idn : 19869 RW OIL CO  
Prop Idn : 9684 RENO FEDERAL

Well No : 002  
GL Elevation: 4419

U/L Sec Township Range North/South East/West Prop/Act (P/A)

-----  
R.H. Locn : M 3 15S 31E FTG 990 F S FTG 330 F W A

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06  
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC

CMD :  
OG6IPRD

ONGARD  
INQUIRE PRODUCTION BY POOL/WELL

02/21/05 12:55:07  
OGOMES -TPFE  
Page No: 1

OGRID Identifier : 19869 RW OIL CO  
Pool Identifier : 8559 CAPROCK;QUEEN  
API Well No : 30 5 10151 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Production Oil	Production Water	Well Stat
30 5 10151	RENO FEDERAL	01 93	11		9	531	P
30 5 10151	RENO FEDERAL	02 93	25		12	708	P
30 5 10151	RENO FEDERAL	03 93	23		11	649	P
30 5 10151	RENO FEDERAL	04 93	16		8	472	P
30 5 10151	RENO FEDERAL	05 93	24		12	708	P
30 5 10151	RENO FEDERAL	06 93	18		9	531	P
30 5 10151	RENO FEDERAL	07 93	21		19	1121	P

Reporting Period Total (Gas, Oil) :

M0025: Enter PF keys to scroll

PF01 HELP    PF02    PF03 EXIT    PF04 GoTo    PF05    PF06 CONFIRM  
PF07 BKWD    PF08 FWD    PF09    PF10 NXTPOOL PF11 NXTOGD    PF12

CMD :  
OG6IPRD

ONCARD  
INQUIRE PRODUCTION BY POOL/WELL

02/21/05 12:55:11  
OGOMES -TPFE  
Page No: 2

OGRID Identifier : 19859 RW OIL CO  
Pool Identifier : 8559 CAPROCK;QUEEN  
API Well No : 30 5 10151 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Stat
30 5 10151	RENO FEDERAL	08 93	31		30	1770	P
30 5 10151	RENO FEDERAL	09 93	24		22	1298	P
30 5 10151	RENO FEDERAL	10 93	28		15	885	P
30 5 10151	RENO FEDERAL	03 94	5		1	600	P
30 5 10151	RENO FEDERAL	04 94					S
30 5 10151	RENO FEDERAL	05 94	5		2	660	P
30 5 10151	RENO FEDERAL	06 94					S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP    PF02    PF03 EXIT    PF04 GoTo    PF05    PF06 CONFIRM  
PF07 BKWD    PF08 FWD    PF09    PF10 NXTPOOL    PF11 NXTOGD    PF12



CMD :  
OG6IPRE

ONGARD  
INQUIRE PRODUCTION BY POOL/WELL

02/21/05 12:55:12  
OGOMES -TPFE  
Page No: 3

OGRID Identifier : 19869 RW OIL CO  
Pool Identifier : 8559 CAPROCK;QUEEN  
API Well No : 30 5 10151 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Well Stat
30 5 10151	RENO FEDERAL	07 94	4		5	1700	P
30 5 10151	RENO FEDERAL	08 94					S
30 5 10151	RENO FEDERAL	09 94	4		1	1100	P
30 5 10151	RENO FEDERAL	10 94					S
30 5 10151	RENO FEDERAL	11 94	4		4	1100	P

Reporting Period Total (Gas, Oil) : 160 13833

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM  
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

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[NYMEX LS Crude](#) \$48.45  
[Navajo WTXI](#) \$44.25  
[Henry Hub](#) \$5.90

Updated 2/18/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

**View Production Data**

**In Internet Explorer, right click and select "Save Target As..."**  
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**Well: RENO FEDERAL No.: 002**  
**Operator: RW OIL CO [ [NM SLO data](#) ]**  
**API: 3000510151 Township: 15.0S Range: 31E**  
**Section: 3 Unit: M**  
**Land Type: F County: Chaves**  
**Pools associated:**

- [CAPROCK;QUEEN](#) Total Acreage: 40 Completion: 1
- [Show All](#)

Year: 1972  
 Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	438	0	1659	31	438	0
February	352	0	1333	29	790	0
March	374	0	1417	31	1164	0
April	347	0	1315	0	1511	0
May	383	0	1451	0	1894	0
June	388	0	1470	0	2282	0
July	326	0	1235	0	2608	0
August	432	0	1637	0	3040	0
September	387	0	1466	0	3427	0
October	327	0	1239	0	3754	0
November	356	0	1349	0	4110	0
December	353	0	1334	0	4463	0

Total 4463 0 16905 91

Year: 1973  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	267	0	1012	0	4730	0
February	242	0	917	0	4972	0
March	304	0	1152	0	5276	0
April	268	0	1015	0	5544	0
May	223	0	845	0	5767	0
June	247	0	936	0	6014	0
July	223	0	845	0	6237	0
August	150	0	568	0	6387	0
September	164	0	621	0	6551	0
October	292	0	1106	0	6843	0
November	284	0	1076	0	7127	0
December	109	0	774	0	7236	0
Total	2773	0	10867	0		

Year: 1975  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	9	0	64	0	7245	0
February	56	0	398	0	7301	0
March	75	0	540	31	7376	0
April	58	0	412	30	7434	0
May	61	0	433	31	7495	0
June	223	0	2029	30	7718	0
July	225	0	2507	31	7943	0
August	107	0	1161	31	8050	0
September	237	0	2548	30	8287	0
October	204	0	2193	31	8491	0
November	101	0	1212	30	8592	0
December	105	0	1260	31	8697	0
Total	1461	0	14757	306		

Year: 1976  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	27	0	324	31	8724	0
February						

	46	0	540	29	8770	0
March	117	0	1416	31	8887	0
April	202	0	2424	30	9089	0
May	153	0	1824	31	9242	0
June	107	0	1296	30	9349	0
July	176	0	2112	31	9525	0
August	151	0	1812	29	9676	0
September	98	0	1176	27	9774	0
October	110	0	1320	27	9884	0
November	47	0	564	27	9931	0
December	126	0	1512	27	10057	0
Total	1360	0	16320	350		

Year: 1977  
 Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	104	0	1248	31	10161	0
February	118	0	585	28	10279	0
March	191	0	2235	31	10470	0
April	102	0	1530	30	10572	0
May	98	0	1470	31	10670	0
June	96	0	970	30	10766	0
July	69	0	690	31	10835	0
August	110	0	1100	31	10945	0
September	103	0	1030	30	11048	0
October	36	0	420	31	11084	0
November	81	0	1620	30	11165	0
December	84	0	1660	31	11249	0
Total	1192	0	14558	365		

Year: 1979  
 Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	80	0	1610	30	11329	0
February	79	0	1377	26	11408	0
March	99	0	1913	31	11507	0
April	82	0	1937	30	11589	0
May	80	0	1867	31	11669	0
June	73	0	1703	30	11742	0
July	128	0	2320	30	11870	0

August	96	0	980	19	11966	0
September	153	0	2777	28	12119	0
October	83	0	1680	27	12202	0
November	79	0	2370	30	12281	0
December	90	0	273	31	12371	0
Total	1122	0	20807	343		

Year: 1980  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	76	0	231	31	12447	0
February	101	0	234	27	12548	0
March	71	0	204	31	12619	0
April	77	0	5394	28	12696	0
May	83	0	5859	29	12779	0
June	62	0	2520	30	12841	0
July	93	0	2490	30	12934	0
August	83	0	2490	31	13017	0
September	90	0	2310	30	13107	0
October	126	0	3690	31	13233	0
November	119	0	1950	24	13352	0
December	141	0	2820	27	13493	0
Total	1122	0	30192	349		

Year: 1981  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	113	0	2520	28	13606	0
February	82	0	1830	24	13688	0
March	141	0	2160	24	13829	0
April	85	0	2520	30	13914	0
May	95	0	2430	31	14009	0
June	103	0	2880	30	14112	0
July	87	0	2070	29	14199	0
August	86	0	2580	31	14285	0
September	80	0	2430	30	14365	0
October	85	0	2550	31	14450	0
November	73	0	2160	30	14523	0
December	80	0	2430	31	14603	0
Total	1110	0	28560	349		

Year: 1982  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	102	0	1410	23	14705	0
February	75	0	1710	23	14780	0
March	74	0	2250	31	14854	0
April	76	0	2280	30	14930	0
May	82	0	2190	31	15012	0
June	75	1	1320	23	15087	1
July	101	0	2040	29	15188	1
August	119	0	1560	24	15307	1
September	84	0	1950	30	15391	1
October	121	0	2692	31	15512	1
November	87	20	1740	29	15599	21
December	27	20	540	8	15626	41
Total	1023	41	21682	312		

Year: 1983  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	79	20	640	21	15705	61
February	128	18	1920	28	15833	79
March	74	20	1480	31	15907	99
April	70	20	1400	28	15977	119
May	87	21	1740	31	16064	140
June	82	21	1640	30	16146	161
July	30	20	600	10	16176	181
August	88	20	1760	29	16264	201
September	80	20	1600	27	16344	221
October	58	20	1160	19	16402	241
November	87	20	1740	30	16489	261
December	44	21	880	19	16533	282
Total	907	241	16560	303		

Year: 1984  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	101	22	2020	31	16634	304
February	90	20	1800	29	16724	324
March	137	31	2740	31	16861	355
April						

	78	20	1560	30	16939	375
May	56	20	1120	19	16995	395
June	88	20	1760	29	17083	415
July	66	22	1320	31	17149	437
August	75	20	1500	25	17224	457
September	60	20	1200	29	17284	477
October	60	20	1200	31	17344	497
November	59	20	1180	30	17403	517
December	7	12	140	12	17410	529
Total	877	247	17540	327		

Year: 1985

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	17410	529
February	0	0	0	0	17410	529
March	0	0	0	0	17410	529
April	0	60	0	2	17410	589
May	0	0	0	0	17410	589
June	0	60	0	2	17410	649
July	221	62	4420	2	17631	711
August	0	0	0	0	17631	711
September	0	0	0	99	17631	711
October	0	0	0	99	17631	711
November	221	0	0	99	17852	711
December	85	0	2831	99	17937	711
Total	527	182	7251	6		

Year: 1986

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	50	0	1665	99	17987	711
February	35	0	1166	99	18022	711
March	33	0	1099	99	18055	711
April	63	0	3010	99	18118	711
May	28	0	2264	99	18146	711
June	46	0	1995	99	18192	711
July	40	0	2196	99	18232	711
August	34	0	2057	99	18266	711
September	70	0	2724	99	18336	711

October	49	0	3274	99	18385	711
November	56	0	2881	99	18441	711
December	60	0	3367	99	18501	711
Total	564	0	27698	0		

Year: 1987

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	39	0	3058	99	18540	711
February	58	0	2980	28	18598	711
March	67	0	3505	31	18665	711
April	54	0	3912	30	18719	711
May	55	0	5041	31	18774	711
June	43	0	3022	30	18817	711
July	58	0	4735	31	18875	711
August	51	0	3266	31	18926	711
September	66	0	3851	30	18992	711
October	61	0	5099	31	19053	711
November	50	0	2649	30	19103	711
December	58	0	3930	31	19161	711
Total	660	0	45048	334		

Year: 1988

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	59	0	2206	31	19220	711
February	55	0	3470	29	19275	711
March	47	0	3652	31	19322	711
April	53	0	3147	30	19375	711
May	56	0	5385	31	19431	711
June	49	0	3789	30	19480	711
July	55	0	5303	31	19535	711
August	48	0	4951	25	19583	711
September	38	0	5010	25	19621	711
October	44	0	3386	26	19665	711
November	49	0	3417	21	19714	711
December	43	0	4196	24	19757	711
Total	596	0	47912	334		

Year: 1989

Pool Name: CAPROCK;QUEEN



Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	50	0	3170	27	19807	711
February	26	0	1170	0	19833	711
March	19	0	3269	27	19852	711
April	28	0	2587	22	19880	711
May	69	0	3175	27	19949	711
June	31	0	2939	25	19980	711
July	48	0	2822	24	20028	711
August	43	0	3692	31	20071	711
September	41	0	2460	27	20112	711
October	44	0	2640	30	20156	711
November	31	0	1860	26	20187	711
December	59	0	3540	24	20246	711
Total	489	0	33324	290		

Year: 1990  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	36	0	2160	29	20282	711
February	31	0	1860	28	20313	711
March	39	0	2340	29	20352	711
April	34	0	2040	30	20386	711
May	35	0	2100	31	20421	711
June	32	0	1920	30	20453	711
July	35	0	2100	30	20488	711
August	38	0	2280	31	20526	711
September	31	0	1829	29	20557	711
October	32	0	1888	30	20589	711
November	30	0	1770	28	20619	711
December	38	0	2242	28	20657	711
Total	411	0	24529	353		

Year: 1991  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	39	0	2301	31	20696	711
February	29	0	1711	27	20725	711
March	24	0	1416	26	20749	711
April	22	0	1298	19	20771	711
May	13	0	767	11	20784	711
June	33	0	1947	28	20817	711

July	33	0	1947	31	20850	711
August	26	0	1534	26	20876	711
September	28	0	1652	28	20904	711
October	29	0	1711	27	20933	711
November	30	0	1770	30	20963	711
December	28	0	1652	28	20991	711
Total	334	0	19706	312		

Year: 1992

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	30	0	1770	31	21021	711
February	22	0	1298	23	21043	711
March	16	0	944	18	21059	711
April	30	0	1770	26	21089	711
May	31	0	1829	0	21120	711
June	28	0	1652	27	21148	711
July	31	0	1829	28	21179	711
August	21	0	1239	31	21200	711
September	11	0	649	24	21211	711
October	12	0	708	13	21223	711
November	0	0	0	0	21223	711
December	36	0	2124	29	21259	711
Total	268	0	15812	250		

Year: 1993

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	9	0	531	11	21268	711
February	12	0	708	25	21280	711
March	11	0	649	23	21291	711
April	8	0	472	16	21299	711
May	12	0	708	24	21311	711
June	9	0	531	18	21320	711
July	19	0	1121	21	21339	711
August	30	0	1770	31	21369	711
September	22	0	1298	24	21391	711
October	15	0	885	28	21406	711
November	0	0	0	0	21406	711
December	0	0	0	0	21406	711

Total 147 0 8673 221

Year: 1994

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	21406	711
February	0	0	0	0	21406	711
March	1	0	600	5	21407	711
April	0	0	0	0	21407	711
May	2	0	660	5	21409	711
June	0	0	0	0	21409	711
July	5	0	1700	4	21414	711
August	0	0	0	0	21414	711
September	1	0	1100	4	21415	711
October	0	0	0	0	21415	711
November	4	0	1100	4	21419	711
December	0	0	0	0	21419	711
Total	13	0	5160	22		

Page last updated 07/22/2004. Webmaster [gotech\\_prrc@yahoo.com](mailto:gotech_prrc@yahoo.com)

3

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

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. 30-005-10152
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. 3	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Foreign	Lease No. NM-01480
Location Unit Letter <u>K</u> : <u>1980</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> , <u>Chaves</u> 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 M	Sec. 3	Twp. 15S	Rge. 31E	Is gas actually connected? No	When?
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			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 (prior, 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 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.

*mp*

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Bisco Oil Company

Address  
c/o Oil Reports & Gas Services, Inc, Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	Effective 12/1/85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Tenneco Oil Co., 1200 Lincoln Tower Bldg., Denver, Colorado 80203

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Reno Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Caprock Queen</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-01480</u>
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>15S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> 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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159, Artesia, NM 88210</u>
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 : <u>M</u> Sec. : <u>3</u> Twp. : <u>15S</u> Rge. : <u>31E</u>
Is gas actually connected?	<u>No</u> When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*Dorinda Walls*  
(Signature)  
Agent  
(Title)  
11/26/85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED DEC 13 1985, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. OPERATOR**  
Operator: Tenneco Oil Company  
Address: 1200 Lincoln Tower Building, Denver, Colorado 80203  
Reason(s) for filing (Check proper box):  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate   
Other (Please explain):

If change of ownership give name and address of previous owner:

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>USA Reno</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Caprock Queen Chaves</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>MM01480</u>
Location Unit Letter <u>K</u> <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>15S</u> Range <u>31E</u> <u>NMEM</u> <u>Chaves</u> 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"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>North Freeman Ave., Artesia, N.M. 88210</u>			
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 commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resv.	<input type="checkbox"/> Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 Tanks	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. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*J.P. Crawford*  
(Signature)  
Senior Production Clerk  
(Title)  
October 22, 1974  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED 10/22/74, 19  
BY John Runyan  
Orig. Signed by  
Geologist  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. OPERATOR**

Operator: **Tenneco Oil Company**

Address: **Box 1031, Midland, Texas**

Reason(s) for filing (Check proper box):

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<b>Change pool from undesignated to Caprock Queen</b>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>USA-Reno Oil Company Federal</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Caprock Queen</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>K</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b>			
Line of Section <b>3</b> , Township <b>15-S</b> Range <b>31-E</b> , NMPM, <b>Chaves</b> 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"/> <b>Continental Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Carper Bldg., Artesia, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Gas not connected TSTM</b>	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: <b>M</b> ; Sec.: <b>3</b> ; Twp.: <b>15-S</b> ; Rge.: <b>31-E</b>
Is gas actually connected?	<b>No</b>

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		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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)

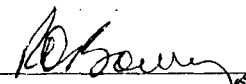
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

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

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
District Office Supervisor  
\_\_\_\_\_  
April 12, 1965  
\_\_\_\_\_  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

N. M. O. C. C. COPY

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS OFFICE O. C. C.

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

FEB 25 11 22 AM '65

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface 1980' FSL & 1980' FWL of Section 3

14. PERMIT NO. \_\_\_\_\_

15. ELEVATIONS (Show whether SP, RT, OR, etc.)  
4410 GL

5. LEASE DESIGNATION AND SERIAL NO.  
NM 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
USA-Reno Oil Company

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, T-15-S, R-31-E

12. COUNTY OR PARISH | 13. STATE  
Chaves | New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

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

17. 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.)\*

- Perforated w/4 BPF @ 3154-3158
- Sand Frac w/10,000 gals lse crude oil (containing 50# adomite/1000 gal) & 15,000 # sand (7500# 20-40 mesh & 7500# 10-20 mesh sand). Fm broke 2600-2300 @ 8 BPM. Trtg press 2700. Avg inj rate 28.2 BPM. Flushed w/70 B0. SIP 1900, 10" SIP 1800. SION.
- Installed pumping equipment. Recovered LO & potential tested. P.46 B0 & 1/BW/24 hrs on 13-44" SPM, 1 1/2" pump.

RECEIVED

FEB 24 1965

O. C. C.  
ARTERIA, OFFICE

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

SIGNED R. O. Boverly TITLE Dist. Office Supervisor DATE 2-19-65

(This space for Federal or State office use)

APPROVED BY H. C. Davis TITLE ACTING DISTRICT ENGINEER DATE FEB 23 1965

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate\*  
(Other instruction  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL  GAS WELL  OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Tenneco Oil Company

8. FARM OR LEASE NAME

USA-Reno Oil Company

3. ADDRESS OF OPERATOR

Box 1031, Midland, Texas

9. WELL NO.

3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FSL & 1980' FWL of Section 3

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 3, T-15-S, R-31-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH 13. STATE

Chaves New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)

PULL OR ALTER CASING   
MULTIPLE COMPLETION   
ABANDON\*   
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

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

17. 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.)\*

Set & cmtd 4 1/2" OD, 9.5# csg @ 3212' with 75 sx Class C followed by 20 sx Class C w/latex. Top of cmt 2725' by temp survey. Pressure tested csg to 1000 PSI for 30 minutes after WOC 28 hrs. Held OK. Perforated interval 3154'-58' w/4 BPF. Sand Fac w/10,000 gals lse crude w/50# adomite, 1000 gals 7500# 20-40 sd & 7500# 10-20 sd. Recovered load oil and potentail tested.

RECEIVED

FEB 1 1965

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
JAN 27 1965  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED J. F. Carnes  
J. F. Carnes

TITLE Dist. Prod. Foreman

DATE 1-22-65

(This space for Federal or State office use)

APPROVED BY Adolph C. Basin  
CONDITIONS OF APPROVAL, IF ANY:

ACTING DISTRICT ENGINEER

JAN 23 1965

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

**IM 01480**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**USA-Reno Oil Company**

9. WELL NO.

**3**

10. FIELD AND POOL, OR WILDCAT

**Undesignated**

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

**Sec. 3, T-15-S, R-31-E**

12. COUNTY OR PARISH

**Chaves**

13. STATE

**New Mexico**

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG \***

1a. TYPE OF WELL: OIL WELL  GAS WELL  DRY  Other \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESVR.  Other **RECEIVED**

2. NAME OF OPERATOR  
**Tenneco Oil Company** **FEB 5 1965**

3. ADDRESS OF OPERATOR  
**Box 1031, Midland, Texas** **O. C. C.**

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal Office)  
At surface **1980' FSL & 1980' FWL of Section 3**  
At top prod. interval reported below  
At total depth

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

15. DATE SPUNDED **1-8-65** 16. DATE T.D. REACHED **1-12-65** 17. DATE COMPL. (Ready to prod.) **1-21-65** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* **4420 DF** 19. ELEV. CASINGHEAD **4410**

20. TOTAL DEPTH, MD & TVD **3220** 21. PLUG BACK T.D., MD & TVD \_\_\_\_\_ 22. IF MULTIPLE COMPL., HOW MANY\* \_\_\_\_\_ 23. INTERVALS DRILLED BY **Rotary** ROTARY TOOLS \_\_\_\_\_ CABLE TOOLS \_\_\_\_\_

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
**3154 - 58 Queen Sand** 25. WAS DIRECTIONAL SURVEY MADE **no**

26. TYPE ELECTRIC AND OTHER LOGS RUN  
**Acoustilog** 27. WAS WELL CORED **no**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<b>8 5/8"</b>	<b>32# &amp; 24#</b>	<b>371</b>	<b>12 1/4"</b>	<b>255 BX</b>	<b>none</b>
<b>4 1/2"</b>	<b>9.5#</b>	<b>3212</b>	<b>7 7/8"</b>	<b>95 BX</b>	<b>none</b>

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
<b>2 3/8"</b>	<b>3152</b>	<b>none</b>

31. PERFORATION RECORD (Interval, size and number)

**3154 - 58**

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<b>3154-58</b>	<b>10,000 gals. lse. LO &amp; 15,000# sand</b>

33. PRODUCTION

DATE FIRST PRODUCTION **1-21-65** PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*) **Pumping** STATUS (*Producing or shut-in*) **Producing**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
<b>1-22-65</b>	<b>24</b>		<b>→</b>	<b>46</b>	<b>TSTM</b>		<b>TSTM</b>

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
<b>30</b>	<b>30</b>	<b>→</b>	<b>46</b>	<b>TSTM</b>		<b>36</b>

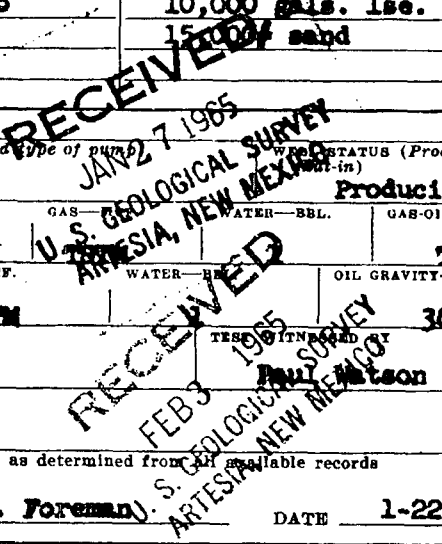
34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)  
**TSTM**

35. LIST OF ATTACHMENTS  
**Acoustilog**

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED **J. P. Carnes** TITLE **Dist. Prod. Foreman** DATE **1-22-65**

\*(See Instructions and Spaces for Additional Data on Reverse Side)



# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s), and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS				
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Rustler	Surface	350	Caliche	Rustler	1350	
Salado	1350	1350	Red beds	Salado	1420	
Tansill	1420	1420	Anhydrite	Tansill	2250	
Yates	2250	2250	Salt	Yates	2350	
Seven Rivers	2350	2350	Anhydrite	Seven Rivers	2590	
Queen	2590	2590	Sand and anhydrite	Queen	3152	
	3152	3220	Anhydrite			
			Sand and anhydrite			

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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

JAN 27 1965

O. C. C.  
ARTESIA, OFFICE

I. Operator  
Tenneco Oil Company  
Address: Box 1031, Midland, Texas

Reason(s) for filing (check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: USA-Reno Oil Company Well No.: 3 Pool Name: Undesignated Kind of Lease: Federal  
 Location: Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West  
 Line of Section 3 Township 15-S Range 31-E NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  Address: Continental Pipe Line Company, Carper Bldg., Artesia, New Mexico  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address: Gas not connected, TSTM  
 If well produces oil or liquids, give location of tanks: Unit M, Sec. 3, Twp. 15-S, Rge. 31-E, Is gas actually connected? 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.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded: 1-8-65	Date Compl. Ready to Prod.: 1-21-65		Total Depth: 3220		F.R.T.D.: ---			
Pool: Undesignated	Name of Producing Formation: Caprock Queen		Top Oil/Gas Pay: 3152		Tubing Depth: 3152			
Perforations: 3154 - 58					Depth Casing Side: 3212			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		371		255			
7 7/8"	4 1/2"		3212		95			
	2 3/8"		3152					

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 Tanks: 1-21-65 Date of Test: 1-22-65 Producing Method: Pump  
 Length of Test: 24 hrs. Tubing Pressure: 30 Casing Pressure: 30 Choke Size: ---  
 Actual Prod. During Test: 46 Oil - Bbls.: 46 Water - Bbls.: 1 Gas - MCF: TSTM

GAS WELL

Actual Prod. Test-MCF/D: \_\_\_\_\_ Length of Test: \_\_\_\_\_ Bbls. Condensate/MKCF: \_\_\_\_\_ Gravity of Condensate: \_\_\_\_\_  
 Testing Method (pitot, back pr.): \_\_\_\_\_ Tubing Pressure: \_\_\_\_\_ Casing Pressure: \_\_\_\_\_ Choke Size: \_\_\_\_\_

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J.F. Carnes  
District Production Foreman  
January 22, 1965

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY: \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

USA-Reno Oil Company No. 3  
Unit K, Section 3, T-15-S, R-31-E  
Chaves County, New Mexico

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ARTESIA, OFFICE

DEVIATION SURVEYS

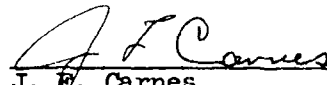
<u>Depth</u>	<u>Degrees of Deviation</u>
371	1/2
893	1/2
1260	1/2
1706	3/4
2209	1 1/4
2801	1 1/2
3220	3/4

AFFIDAVIT

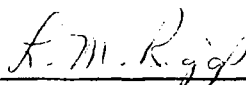
State of Texas

County of Midland

Before me on this day personally appeared J. F. Carnes known to me to be the person whose name is subscribed to this instrument, who after being duly sworn on Oath states that he represents Tenneco Oil Company in the capacity of District Production Foreman and that said report of Deviation Surveys contains no misstatements or inaccuracies and that no pertinent matter has been omitted, and that affiant is duly authorized to make this affidavit.

  
\_\_\_\_\_  
J. F. Carnes

Sworn to and subscribed before me this 22nd day of January 1965.

  
\_\_\_\_\_  
Notary Public in and for Midland County, Texas.

My Commission Expires June 1, 1965

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK  
 DRILL       DEEPEN       PLUG BACK

b. TYPE OF WELL  
 OIL WELL       GAS WELL       OTHER       SINGLE ZONE       MULTIPLE ZONE

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
 At surface 1980' FSL & 1980' FWL of Section 3  
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

15. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. line, if any) 1980

16. NO. OF ACRES IN LEASE 160

17. NO. OF ACRES ASSIGNED TO THIS WELL 40

18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1683

19. PROPOSED DEPTH 3300

20. ROTARY OR CABLE TOOLS  
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3000 GL Estimated

22. APPROX. DATE WORK WILL START\*  
January 8, 1965

5. LEASE DESIGNATION AND SERIAL NO.  
NM 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
USA Reno Oil Company

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, T-15-S, R-31-E

12. COUNTY OR PARISH      18. STATE  
Chaves      New Mexico

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

See Prognosis attached

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JAN 11 1965

O. C. C.  
ARTESIA, OFFICE

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JAN 8 1965  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED J. F. Carnes TITLE Dist. Production Foreman DATE 1-7-65  
 (This space for Federal or State office use)

APPROVED  
 JAN 8 1965  
 R. L. BEEKMAN  
 ACTING DISTRICT ENGINEER

1960 53  
 1961 12  
 1962 11  
 1963 11  
 1964 11  
 1965 11

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**WELL LOCATION AND ACREAGE DEDICATION PLAT**

FORM C-128  
Revised 5/1/57

**SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE**

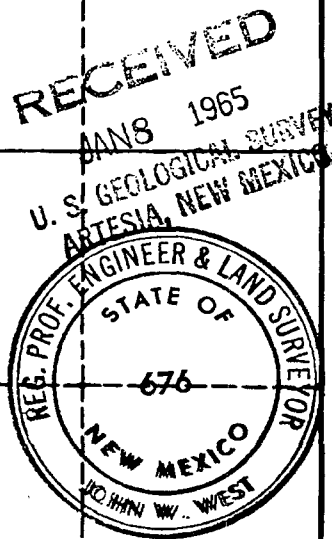
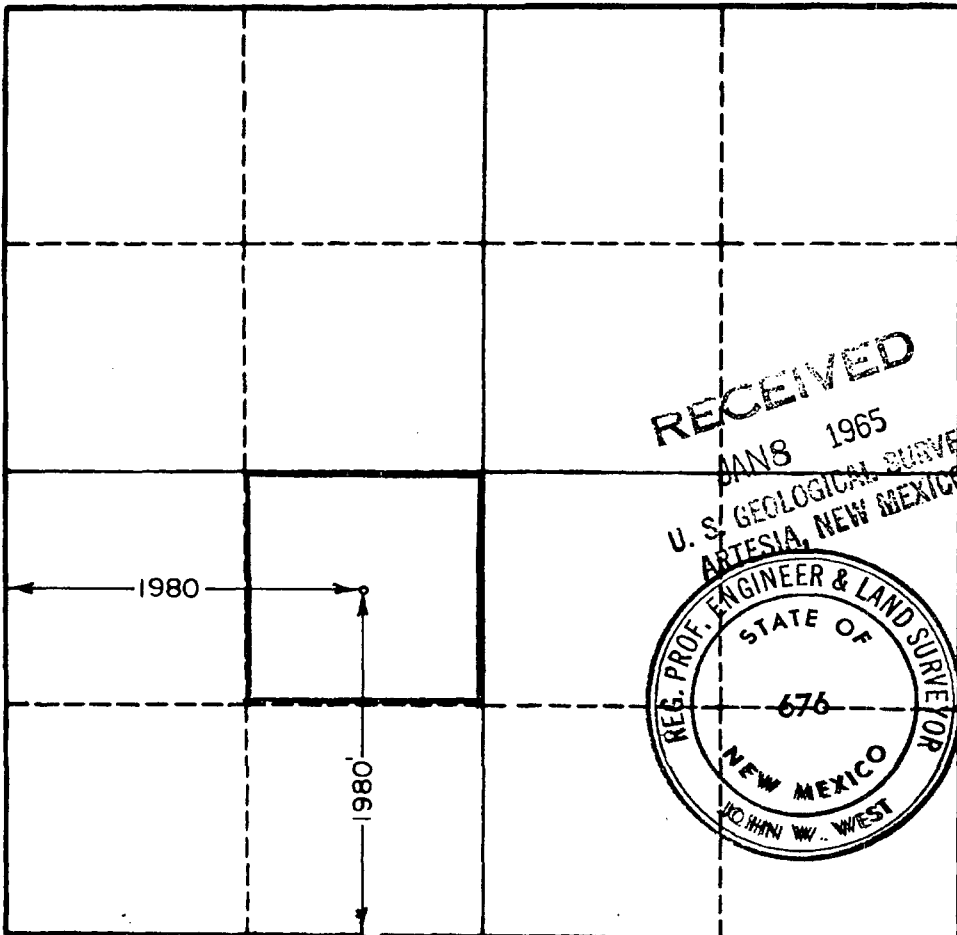
**SECTION A**

Operator <b>TENNECO OIL COMPANY</b>		Lease <b>U.S.A. RENO OIL CO.</b>		Well No. <b>3</b>
Unit Letter <b>K</b>	Section <b>3</b>	Township <b>15 SOUTH</b>	Range <b>31 EAST</b>	County <b>CHAVES</b>
Actual Footage Location of Well: <b>1980</b> feet from the <b>SOUTH</b> line and <b>1980</b> feet from the <b>WEST</b> line				
Ground Level Elev. <b>3000 GL. Est</b>	Producing Formation <b>Caprock Queen</b>	Pool <b>Undesignated</b>	Dedicated Acreage: <b>40</b> Acres	

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES  NO  ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communication agreement or otherwise? YES  NO  . If answer is "yes," Type of Consolidation **RECEIVED**
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description
	<b>JAN 11 1965</b>
	<b>O. C. C.</b>
	<b>ARTESIA OFFICE</b>

**SECTION B**



**CERTIFICATION**

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

Name R. O. Bowers

Position District Office Supervisor  
Company Tenneco Oil Company

Date January 7, 1965

I hereby certify that the well location shown on the plat in SECTION B was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 1-5-65

Registered Professional Engineer and/or Land Surveyor, JOHN W. WEST

John W. West  
Certificate No.                       
N. M. - P. E. & L. S. NO. 676



COUNTY CHAVES		FIELD Caprock-Queen		STATE N.M.	
OPR TENNECO OIL COMPANY				MAP	
3 USA-Reno Oil Co.					
Sec. 3, T-15-S, R-31-E				CO-ORD	
1980' fr S & W Lines of Sec.					
Spud 1-8-65		CLASS		EL 44202	
Comp 1-21-65		FORMATION	DATUM	FORMATION	DATUM
CSG & SX - TUBING		LOG:			
8 5/8"	371'	255	Queen 3152		
4 1/2"	3212'	95			
LOGS EL GR RA IND HC A					
		TD 3220', PBD 3210'			

IP Queen.Perfs. 3154-58' Pmpd. 46 BOPD + 1 BW, For. Based on 24 hr. test. GOR TSTM, Gty. 34.

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CONT. Cactus Drlg. Co.	PROP DEPTH 3300'	TYPE
DATE		

F. R. 1-14-65.  
 PD 3300' - Queen.  
 Contractor - Cactus Drlg. Co.  
 1-18-65 TD 3220', PB 3210', ppg. load.  
 Perf. 3154-58' W/4 SPF.  
 Ac. 250 gals.  
 1-25-65 Frac. 10,000 gals. oil + 15,000# sd.  
 TD 3220', PB 3210', ppg. load.  
 Pmpd. 19 BLO + 1 BLW/13 hrs.  
 2-1-65 TD 3220', PB 3210', COMPLETE. (Holding for tops.)  
 2-8-65 TD 3220', PB 3210', Completion Reported.



CMIC: -  
OG6IWCM

ONGARD  
INQUIRE WELL COMPLETIONS

02/21/05 12:23:22  
OGOMES -TPFE

API Well No : 30 5 10152 Eff Date : 01-01-1900 WC Status : A  
Pool Idn : 9559 CAPROCK;QUEEN  
OGRID Idn : 19869 RW OIL CO  
Prop Idn : 9684 RENO FEDERAL

Well No : 003  
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: K	3	15S	31E	FTG 1980 F S	FTG 1980 F W	A

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling : C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

OGRID Identifier : 19869 RW OIL CO  
Pool Identifier : 8559 CAPROCK;QUEEN  
API Well No : 30 5 10152 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Well Stat
30 5 10152	RENO FEDERAL	01 93	11		9	23	P
30 5 10152	RENO FEDERAL	02 93	25		12	30	P
30 5 10152	RENO FEDERAL	03 93	23		11	28	P
30 5 10152	RENO FEDERAL	04 93	16		8	20	P
30 5 10152	RENO FEDERAL	05 93	24		12	30	P
30 5 10152	RENO FEDERAL	06 93	18		8	20	P
30 5 10152	RENO FEDERAL	07 93	21		19	48	P

Reporting Period Total (Gas, Oil) :

M0025: Enter PF keys to scroll

PF01 HELP    PF02    PF03 EXIT    PF04 GoTo    PF05    PF06 CONFIRM  
PF07 BKWD    PF08 FWD    PF09    PF10 NXTPOOL    PF11 NXTOGD    PF12

OGRID Identifier : 19869 RW OIL CO  
Pool Identifier : 8559 CAPROCK;QUEEN  
API Well No : 30 5 10152 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Production Oil	Production Water	Well Stat
30 5 10152	RENO FEDERAL	08 93	31		29	73	P
30 5 10152	RENO FEDERAL	09 93	24		22	55	P
30 5 10152	RENO FEDERAL	10 93	28		15	38	P
30 5 10152	RENO FEDERAL	03 94	5		4	600	P
30 5 10152	RENO FEDERAL	04 94					S
30 5 10152	RENO FEDERAL	05 94	5		3	360	P
30 5 10152	RENO FEDERAL	06 94					S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP    PF02    PF03 EXIT    PF04 GoTo    PF05    PF06 CONFIRM  
PF07 BKWD    PF08 FWD    PF09    PF10 NXTPOOL PF11 NXTOGD    PF12

CMD :  
OG6IPRD

ONGARD  
INQUIRE PRODUCTION BY POOL/WELL

02/21/05 12:23:34  
OGOMES -TPFE  
Page No: 3

OGRID Identifier : 19869 RW OIL CO  
Pool Identifier : 8559 CAPROCK;QUEEN  
API Well No : 30 5 10152 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Volumes Gas	Oil	Water	Well Stat
30	5 10152 RENO FEDERAL	07 94	5		5	700	P
30	5 10152 RENO FEDERAL	08 94					S
30	5 10152 RENO FEDERAL	09 94	4		3	600	P
30	5 10152 RENO FEDERAL	10 94					S
30	5 10152 RENO FEDERAL	11 94	4		6	700	P

Reporting Period Total (Gas, Oil) : 166 3325

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM  
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

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[PTTC](#)  
[PRRC](#)  
[NM-TECH](#)  
[NMBGMR](#)



[NYMEX LS Crude](#) \$48.45  
[Navajo WTXI](#) \$44.25  
[Henry Hub](#) \$5.90  
 Updated 2/18/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

**View Production Data**

**In Internet Explorer, right click and select "Save Target As..."**  
**In Netscape, right click and select "Save Link As..."**

Download: [HTTP](#)

**Well:** RENO FEDERAL **No.:** 003  
**Operator:** RW OIL CO [ [NM SLO data](#) ]  
**API:** 3000510152 **Township:** 15.0S **Range:** 31E  
**Section:** 3 **Unit:** K  
**Land Type:** F **County:** Chaves  
**Pools associated:**

- [CAPROCK;QUEEN](#) **Total Acreage:** 40 **Completion:** 1
- [Show All](#)

Year: 1972  
 Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	393	0	116	31	393	0
February	316	0	93	29	709	0
March	335	0	98	31	1044	0
April	310	0	91	0	1354	0
May	343	0	101	0	1697	0
June	347	0	102	0	2044	0
July	291	0	86	0	2335	0
August	386	0	113	0	2721	0
September	347	0	102	0	3068	0
October	293	0	86	0	3361	0
November	319	0	94	0	3680	0
December	315	0	93	0	3995	0

Total 3995 0 1175 91

Year: 1973

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	228	0	67	0	4223	0
February	207	0	61	0	4430	0
March	261	0	77	0	4691	0
April	230	0	68	0	4921	0
May	191	0	56	0	5112	0
June	212	0	62	0	5324	0
July	191	0	56	0	5515	0
August	129	0	38	0	5644	0
September	141	0	41	0	5785	0
October	250	0	74	0	6035	0
November	243	0	71	0	6278	0
December	66	0	74	0	6344	0
Total	2349	0	745	0		

Year: 1975

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	7	0	8	0	6351	0
February	42	0	47	0	6393	0
March	57	0	64	31	6450	0
April	44	0	50	30	6494	0
May	45	0	51	31	6539	0
June	67	0	983	30	6606	0
July	129	0	1290	31	6735	0
August	62	0	971	31	6797	0
September	136	0	2131	30	6933	0
October	117	0	1833	31	7050	0
November	177	0	2073	30	7227	0
December	183	0	2144	31	7410	0
Total	1066	0	11645	306		

Year: 1976

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	48	0	562	31	7458	0
February						

	79	0	925	29	7537	0
March	206	0	2413	31	7743	0
April	87	0	1019	30	7830	0
May	91	0	1066	31	7921	0
June	65	0	761	30	7986	0
July	75	0	879	31	8061	0
August	94	0	1101	30	8155	0
September	73	0	855	27	8228	0
October	82	0	961	27	8310	0
November	35	0	410	27	8345	0
December	72	0	843	31	8417	0
Total	1007	0	11795	355		

Year: 1977

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	78	0	914	31	8495	0
February	17	0	283	16	8512	0
March	112	0	1867	31	8624	0
April	76	0	1267	30	8700	0
May	74	0	1233	31	8774	0
June	73	0	973	30	8847	0
July	51	0	680	31	8898	0
August	83	0	1107	31	8981	0
September	77	0	1027	30	9058	0
October	32	0	427	31	9090	0
November	81	0	1350	30	9171	0
December	83	0	1383	31	9254	0
Total	837	0	12511	353		

Year: 1979

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	93	0	1860	30	9347	0
February	78	0	1560	26	9425	0
March	92	0	1840	31	9517	0
April	110	0	2200	30	9627	0
May	107	0	2140	31	9734	0
June	98	0	1960	30	9832	0
July	93	0	2093	30	9925	0

August	80	0	1600	27	10005	0
September	159	0	3180	28	10164	0
October	138	0	2208	31	10302	0
November	132	0	1584	30	10434	0
December	151	0	1812	31	10585	0
Total	1331	0	24037	355		

Year: 1980  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	128	0	1536	31	10713	0
February	130	0	1560	27	10843	0
March	113	0	1356	31	10956	0
April	116	0	3093	28	11072	0
May	125	0	3333	29	11197	0
June	189	0	2205	30	11386	0
July	83	0	1909	30	11469	0
August	83	0	1909	31	11552	0
September	77	0	1771	30	11629	0
October	119	0	2737	30	11748	0
November	65	0	1495	24	11813	0
December	94	0	2162	27	11907	0
Total	1322	0	25066	348		

Year: 1981  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	84	0	1932	28	11991	0
February	62	0	1403	24	12053	0
March	72	0	1656	24	12125	0
April	84	0	1932	30	12209	0
May	81	0	1863	31	12290	0
June	90	0	2070	28	12380	0
July	67	0	1541	28	12447	0
August	86	0	1978	31	12533	0
September	81	0	1863	30	12614	0
October	85	0	1955	31	12699	0
November	72	0	1656	30	12771	0
December	81	0	1863	31	12852	0
Total	945	0	21712	346		



Year: 1982

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	47	0	1081	23	12899	0
February	67	0	1541	27	12966	0
March	75	0	1725	31	13041	0
April	76	0	1748	30	13117	0
May	63	0	1449	27	13180	0
June	50	1	1150	26	13230	1
July	63	0	1449	27	13293	1
August	55	0	1265	25	13348	1
September	84	0	1530	30	13432	1
October	30	0	2040	31	13462	1
November	30	21	1830	30	13492	22
December	9	21	549	8	13501	43
Total	649	43	17357	315		

Year: 1983

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	28	21	671	21	13529	64
February	32	19	2304	28	13561	83
March	74	21	1776	31	13635	104
April	70	20	1680	28	13705	124
May	81	20	1944	29	13786	144
June	76	19	1824	28	13862	163
July	30	21	720	10	13892	184
August	88	21	2112	29	13980	205
September	80	20	1920	27	14060	225
October	58	21	1392	19	14118	246
November	87	20	2088	30	14205	266
December	44	21	1056	19	14249	287
Total	748	244	19487	299		

Year: 1984

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	101	23	2424	31	14350	310
February	90	19	2160	29	14440	329
March	136	31	3264	31	14576	360
April						

	78	20	1872	30	14654	380
May	56	21	1344	19	14710	401
June	88	20	2112	29	14798	421
July	56	18	1344	26	14854	439
August	75	21	1800	25	14929	460
September	60	20	1440	29	14989	480
October	60	21	1440	31	15049	501
November	59	20	1416	30	15108	521
December	29	50	696	12	15137	571
Total	888	284	21312	322		

Year: 1985

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	15137	571
February	80	56	1920	1	15217	627
March	0	0	0	0	15217	627
April	0	0	0	0	15217	627
May	0	0	0	0	15217	627
June	0	0	0	0	15217	627
July	0	0	0	0	15217	627
August	1	62	24	1	15218	689
September	3	60	72	99	15221	749
October	0	62	0	99	15221	811
November	4	60	0	99	15225	871
December	199	0	1421	99	15424	871
Total	287	300	3437	2		

Year: 1986

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	117	0	836	99	15541	871
February	81	0	579	99	15622	871
March	78	0	557	99	15700	871
April	111	0	1148	99	15811	871
May	66	0	1145	99	15877	871
June	108	0	1003	99	15985	871
July	94	0	1106	99	16079	871
August	81	0	1037	99	16160	871
September	105	0	55	99	16265	871

October	72	0	65	99	16337	871
November	84	0	59	99	16421	871
December	89	0	66	99	16510	871
Total	1086	0	7656	0		

Year: 1987

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	60	0	63	99	16570	871
February	87	0	61	28	16657	871
March	100	0	70	31	16757	871
April	82	0	80	30	16839	871
May	81	0	100	31	16920	871
June	63	0	60	30	16983	871
July	88	0	97	31	17071	871
August	78	0	67	31	17149	871
September	66	0	111	30	17215	871
October	60	0	144	31	17275	871
November	50	0	76	30	17325	871
December	58	0	111	31	17383	871
Total	873	0	1040	334		

Year: 1988

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	58	0	62	31	17441	871
February	55	0	99	29	17496	871
March	48	0	106	31	17544	871
April	53	0	91	30	17597	871
May	56	0	155	31	17653	871
June	48	0	106	30	17701	871
July	54	0	148	31	17755	871
August	48	0	141	25	17803	871
September	39	0	229	25	17842	871
October	44	0	150	26	17886	871
November	49	0	152	21	17935	871
December	42	0	182	24	17977	871
Total	594	0	1621	334		

Year: 1989

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	49	0	138	27	18026	871
February	25	0	50	0	18051	871
March	18	0	138	27	18069	871
April	28	0	115	22	18097	871
May	69	0	141	27	18166	871
June	31	0	131	25	18197	871
July	48	0	126	24	18245	871
August	43	0	160	31	18288	871
September	41	0	103	27	18329	871
October	44	0	110	30	18373	871
November	30	0	75	26	18403	871
December	59	0	148	24	18462	871
Total	485	0	1435	290		

Year: 1990  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	36	0	90	29	18498	871
February	32	0	80	28	18530	871
March	38	0	95	29	18568	871
April	33	0	83	30	18601	871
May	35	0	88	31	18636	871
June	32	0	80	30	18668	871
July	35	0	88	30	18703	871
August	38	0	95	31	18741	871
September	31	0	78	29	18772	871
October	31	0	78	30	18803	871
November	30	0	75	26	18833	871
December	38	0	95	28	18871	871
Total	409	0	1025	351		

Year: 1991  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	39	0	98	31	18910	871
February	28	0	70	27	18938	871
March	24	0	60	26	18962	871
April	22	0	55	0	18984	871
May	13	0	33	31	18997	871
June	33	0	83	28	19030	871

July	33	0	83	31	19063	871
August	26	0	65	26	19089	871
September	28	0	70	28	19117	871
October	29	0	73	27	19146	871
November	29	0	73	30	19175	871
December	27	0	68	28	19202	871
Total	331	0	831	313		

Year: 1992

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	29	0	73	31	19231	871
February	22	0	55	23	19253	871
March	16	0	40	0	19269	871
April	30	0	75	26	19299	871
May	30	0	75	0	19329	871
June	27	0	68	27	19356	871
July	30	0	75	28	19386	871
August	21	0	53	31	19407	871
September	11	0	28	24	19418	871
October	12	0	30	13	19430	871
November	0	0	0	0	19430	871
December	36	0	90	29	19466	871
Total	264	0	662	232		

Year: 1993

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	9	0	23	11	19475	871
February	12	0	30	25	19487	871
March	11	0	28	23	19498	871
April	8	0	20	16	19506	871
May	12	0	30	24	19518	871
June	8	0	20	18	19526	871
July	19	0	48	21	19545	871
August	29	0	73	31	19574	871
September	22	0	55	24	19596	871
October	15	0	38	28	19611	871
November	0	0	0	0	19611	871
December	0	0	0	0	19611	871

Total 145 0 365 221

Year: 1994  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	19611	871
February	0	0	0	0	19611	871
March	4	0	600	5	19615	871
April	0	0	0	0	19615	871
May	3	0	360	5	19618	871
June	0	0	0	0	19618	871
July	5	0	700	5	19623	871
August	0	0	0	0	19623	871
September	3	0	600	4	19626	871
October	0	0	0	0	19626	871
November	6	0	700	4	19632	871
December	0	0	0	0	19632	871
Total	21	0	2960	23		

Page last updated 07/22/2004. Webmaster [gotech\\_prrc@yahoo.com](mailto:gotech_prrc@yahoo.com)

4

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

Form 3160-5  
(June 1990)

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

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.  
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.  
33-105-10193

10. Field and Pool, or Exploratory Area

11. County or Parish, State  
Chaves, NM

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    6605 12/10/95

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

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

ACCEPTED FOR RECORD  
PETER W. CHESNEY  
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

U. S. OIL CONS. COMMISSION  
 RECEIVED  
 P. O. BOX 1980  
 DEPARTMENT OF THE INTERIORS, NEW MEXICO 88240  
 BUREAU OF LAND MANAGEMENT

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 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

5. Lease Designation and Serial No.  
 NMMN 01480

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
 Reno Federal #4

9. API Well No.  
 30-005-10153

10. Field and Pool, or Exploratory Area  
 Capcock Queen

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 <u>Change of Operator</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.)

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 meter  
 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 \_\_\_\_\_ Title \_\_\_\_\_

Conditions of approval, if any:

APPROVED  
 PETER W. CHESTER  
 APR 12 1995  
 BUREAU OF LAND MANAGEMENT  
 ROSWELL RESOURCE AREA



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

**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"/>
Recompletion <input type="checkbox"/>	Effective 2-1-89
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input 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 State, Federal or Free	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> , NMPM, 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			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.

*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 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.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NO. OF COPIES DESIRED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Bisco Oil Company

Address  
c/o Oil Reports & Gas Services, Inc, Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	

Effective 12/1/85

If change of ownership give name and address of previous owner Tenneco Oil Co., 1200 Lincoln Tower Bldg., Denver, Colorado 80203

II. DESCRIPTION OF WELL AND LEASE

Lease Name Reno Federal	Well No. 4	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM-01480 Above
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 of Section <u>3</u> Township <u>15S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> 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 M	Sec. 3	Twp. 15S	Rge. 31E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Donna Walker  
(Signature)  
Agent  
(Title)  
11/26/85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED DEC 13 1985, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes OIL C-104 and C  
 Effective 1-1-65

I. OPERATOR  
 Tenneco Oil Company  
 Address  
 1200 Lincoln Tower Building, Denver, Colorado 80203

Reason(s) for filing (check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name USA Reno Well No. 4 Pool Name, including Formation Caprock Queen Chaves Kind of Lease Federal Lease No. MM01480

Location  
 Unit Letter N 660 Feet From The South Line and 1980 Feet From The East Acet

Line of Section 3 Township 15S Range 31E NMPM Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
Navajo Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent)  
North Freeman Ave., Artesia, N.M. 88210

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 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 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	Line Resrv.	Diff. Resv.
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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

AC Campbell  
 (Signature)  
 Senior Production Clerk  
 (Title)  
 October 22, 1974  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 25 1974, 19\_\_\_\_  
 BY John Ruyuan  
 Geologist

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner; well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiple completed wells.

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

I. Operator  
**Tenneco Oil Company**  
 Address  
**Box 1031, Midland, Texas**  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas  **Change pool from undesignated**  
 Change in Ownership  Casinghead Gas  Condensate  **to Caprock Queen**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
<b>RENO-Reno Oil Company Federal</b>	<b>4</b>	<b>Caprock Queen</b>	State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>N</b>	<b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> <i>Street</i>		
Line of Section <b>3</b>	Township <b>15-S</b>	Range <b>31-E</b>	NMPM, <b>Chaves</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Continental Pipe Line Company</b>	<b>Carper Bldg., Artesia, New Mexico</b>
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)
<b>Gas not connected TSTM</b>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>M 3 15-S 31-E No</b>

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	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

(Text 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 Tanks	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	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*R.O. Bowery*  
 (Signature) **R.O. Bowery**  
 District Office Supervisor  
 (Title)  
 April 12, 1965  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_  
 TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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—" for such proposals.)

FEB 25 11 22 AM '65

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 660' FSL & 1980' EEL of Section 3

5. LEASE DESIGNATION AND SERIAL NO.  
NM 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
USA-Reno Oil Company

9. WELL NO.  
4

10. FIELD AND POOL, OR WILDCAT  
Undesignated

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, T-15-S, R-31-E

12. COUNTY OR PARISH  
Chaves

13. STATE  
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4405 GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

17. 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.)\*

- Perforated 2/4 BPF @ 3160-64.
- Sand Frac 2/10,000 gals lse crude oil (containing 50# adomite/1000 gals) and 15,000# sand (7500 # 20-40 mesh sand and 7500# 10-20 mesh sand). Avg trtg press 2900. Avg inj rate 26.2 BPM. Flushed w/40 BO & 20 BSW. SIP 2000. 15" SIP 1300.
- Installed pumping equipment. Recovered LO & potential tested. P/41 BO & 40 BW/24 hrs. on 12-54" SPM, 1 1/2" pump.

RECEIVED  
FEB 24 1965  
O. C. C.  
ARTESIA, OFFICE

FEB 23 1965

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

SIGNED R.O. Bowers TITLE Dist. Office Supervisor DATE 2-19-1965

(This space for Federal or State office use)

APPROVED BY Rudolph C. Davis Jr TITLE ACTING DISTRICT ENGINEER DATE FEB 23 1965

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

U. S. G. C. COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE\*  
(Other instruction  
verse side) re-

Form approved.  
Budget Bureau No. 42-R142A.

**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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM 01480</b>
2. NAME OF OPERATOR <b>Tenneco Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Box 1031, Midland, Texas</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>660' FSL &amp; 1980' <del>FEL</del> of Section 3</b> <span style="margin-left: 150px;">W</span>		8. FARM OR LEASE NAME <b>USA-Reno Oil Company</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4405 GL</b>	9. WELL NO. <b>4</b>
		10. FIELD AND POOL, OR WILDCAT <b>Undesignated</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 3, T-15-S, R-31-E</b>
		12. COUNTY OR PARISH <b>Chaves</b>
		13. STATE <b>New Mexico</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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.)\*

Set & cmtd 4 1/2" 9.5# csg @ 3226' w/80 sx Class C followed by 25 sx Class C w/latex. Top of cmt 2640' by temp survey. Pressure tested csg to 2000 PSI for 30 minutes after WOC 46 hours. Held OK. Perforated interval 3160-64' w/4 BPF. Sand frac w/10,000 gals lease crude w/50# adomite/1000 gal w/1 1/2# sand/ gal, 7500# 20-40 sd & 7500# 10-20 sd. Recovered load oil and potential tested.

RECEIVED

FEB 10 1965

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
FEB 3 1965  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED J. F. Carnes TITLE Dist. Prod. Foreman DATE 2-1-65  
(This space for Federal or State office use) J. F. Carnes ACTING DISTRICT ENGINEER

APPROVED BY Nicholas E. Basin T. TITLE \_\_\_\_\_ DATE FEB 9 1965  
 CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

NOTED - MEMPHIS  
Form approved.  
Budget Bureau No. 42-R355.6

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL  GAS WELL  DRY  Other \_\_\_\_\_  
b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESVR.  Other \_\_\_\_\_

2. NAME OF OPERATOR **Tenneco Oil Company** **FEB 5 1965**  
5. FARM OR LEASE NAME **USA-Reno Oil Company**

3. ADDRESS OF OPERATOR **Box 1031, Midland, Texas** **O. C. C. ARTERIA OFFICE**  
7. UNIT AGREEMENT NAME \_\_\_\_\_

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)  
At surface **660' FBL & 1980' FBL of Section 3**  
At top prod. interval reported below **W**  
At total depth \_\_\_\_\_

10. FIELD AND POOL, OR WILDCAT **Undesignated**  
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA **Sec. 3, T-15-S, R-31-E**

12. COUNTY OR PARISH **Chaves** 13. STATE **New Mexico**  
14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

15. DATE SPUDDED **1-14-65** 16. DATE T.D. REACHED **1-18-65** 17. DATE COMPL. (Ready to prod.) **1-31-65** 18. ELEVATIONS (DF, REB, RT, GR, ETC.)\* **4416 KB** 19. ELEV. CASINGHEAD **4405**

20. TOTAL DEPTH, MD & TVD **3370** 21. PLUG, BACK T.D., MD & TVD **3191** 22. IF MULTIPLE COMPL., HOW MANY\* **---** 23. INTERVALS DRILLED BY **Rotary** ROTARY TOOLS **---** CABLE TOOLS **---**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* **3160-64 Queen Sand** 25. WAS DIRECTIONAL SURVEY MADE **no**

26. TYPE ELECTRIC AND OTHER LOGS RUN **Acoustilog** 27. WAS WELL CORED **no**

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	32 & 24	365	12 1/4	255 BX	DONE
4 1/2	9.5	3226	7 7/8	105 BX	DONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	3129	DONE

31. PERFORATION RECORD (Interval, size and number) **3160-64 w/4 BPF**

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3160-64	10,000 Gals Lee Crude 2/15,000 Gals

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
1-31-65	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-1-65	24			41	TSTM	40	TSTM

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.) *
30	30		41	TSTM	40	36

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) **Vented** TEST WITNESSED BY **Paul Watson**

35. LIST OF ATTACHMENTS **Logs as shown Section 26**  
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED J.P. Carnes TITLE Dist. Prod. Foreman DATE 2-1-65

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 31.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH	NAME	MEAS. DEPTH	TOP
Rustler Salado Tansill Yates Seven Rivers Queen	1345 1413 2251 2358 2595 3158	Surface 353 1345 1413 2251 2358 2595 3158	353 1345 1413 2251 2358 2595 3158 3371	Caliche Redbeds Anhydrite Salt and anhydrite Anhydrite Sand and anhydrite Anhydrite and dolomite Sand and anhydrite	Rustler Salado Tansill Yates Seven Rivers Queen	1345 1413 2251 2358 2595 3158

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

38.



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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**RECEIVED**

**FEB 3 1965**

Operator <b>Tenneco Oil Company</b>	
Address <b>Box 1031, Midland, Texas</b>	
<b>D. C. C. ARTESIA OFFICE</b>	
Reason(s) for filing (check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>USA-Reno Oil Company</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Undesignated</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location			
Unit Letter <b>N</b>	<b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>		
Line of Section <b>3</b>	Township <b>15-S</b>	Range <b>31-E</b>	NMPM, <b>Chaves</b> 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"/> <b>Continental Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Carper Bldg., Artesia, New Mexico</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Gas not connected TSTM</b>	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 <b>M</b>	Sec. <b>3</b>	Twp. <b>15-S</b> Rge. <b>31-E</b>
			Is gas actually connected? <b>no</b> When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>1-14-65</b>	Date Compl. Ready to Prod. <b>1-31-65</b>		Total Depth <b>3370</b>		P.B.T.D. <b>3191</b>			
Pool <b>Undesignated</b>	Name of Producing Formation <b>Queen Sand</b>		Top Oil/Gas Pay <b>3160</b>		Tubing Depth <b>3129</b>			
Perforations <b>3160-64</b>					Depth Casing Shoe <b>3226</b>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4</b>	<b>8 5/8</b>		<b>365</b>		<b>255</b>			
<b>7 7/8</b>	<b>4 1/2</b>		<b>3226</b>		<b>105</b>			
	<b>2 3/8</b>							

**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 Tanks <b>1-31-65</b>	Date of Test <b>2-1-65</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>30</b>	Casing Pressure <b>30</b>	Choke Size <b>--</b>
Actual Prod. During Test <b>41</b>	Oil-Bbls. <b>41</b>	Water-Bbls. <b>40</b>	Gas-MCF <b>TSTM</b>

**GAS WELL**

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

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*J. F. Carnes*  
(Signature) **J. F. Carnes**  
District Production Foreman  
(Title)  
February 1, 1965  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

USA-Reno Oil Company No. 4  
Unit N, Section 3, T-15-S, R-31-E  
Chaves County, New Mexico

DEVIATION SURVEYS

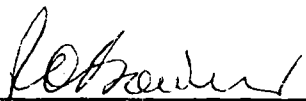
<u>Depth</u>	<u>Degrees of Deviation</u>
365	1/4
862	3/4
1237	3/4
1701	1
2273	3/4
2908	1
3191	1/2
3370	1/2

AFFIDAVIT

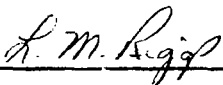
State of Texas

County of Midland

Before me on this day personally appeared R.O. Bowery known to me to be the person whose name is subscribed to this instrument, who after being duly sworn on Oath states that he represents Tenneco Oil Company in the capacity of District Office Supervisor and that said report of Deviation Surveys contains no misstatements or inaccuracies and that no pertinent matter has been omitted, and that affiant is duly authorized to make this affidavit.

  
\_\_\_\_\_  
R.O. Bowery

Sworn to and subscribed before me this 1st day of February 1965.

  
\_\_\_\_\_  
Notary Public in and for Midland County, Texas.

My Commission Expires June 1, 1965.

RECEIVED

FEB 3 1965

D. C. C.  
ARTEBIA, OFFICE

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP (TE\*)  
(Other instruction re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. TYPE OF WELL  
OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface 660' FSL & 1980' FEL of Section 3  
W

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

USA-Reno Oil Company

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 3, T-15-S, R-31-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3000 GL Estimated

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

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

17. 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.)\*

Spudded 12 1/4" hole @ 9:00 A.M. MST 1-14-65. Set & cmtd 8 5/8" OD, 32# & 24# csg @ 365' w/180 sx 1-1 Poz w/2% CaCl<sub>2</sub> followed by 75 sx Incor, 2% CaCl<sub>2</sub>. Cmt circulated. Pressure tested csg to 600 PSI for 30 minutes after WOC 8 hrs. Held OK. Mixing temp 68°, formation temp 64°. Estimated compressive strength after WOC 8 hrs is 900 PSI.

RECEIVED

FEB 1 1965

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
JAN 28 1965  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED J. F. Carnes  
J. F. Carnes

TITLE Dist. Prod. Foreman

DATE 1-26-65

(This space for Federal or State office use)

APPROVED BY Michael J. Baird

ACTING DISTRICT ENGINEER

DATE JAN 29 1965

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK  
 DRILL                       DEEPEN                       PLUG BACK

b. TYPE OF WELL  
 OIL WELL                       GAS WELL                       OTHER                       SINGLE ZONE                       MULTIPLE ZONE

2. NAME OF OPERATOR  
Tenneco Oil Company

3. ADDRESS OF OPERATOR  
Box 1031, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
 At surface 660' FSL & 1980' FWL of Section 3  
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

5. LEASE DESIGNATION AND SERIAL NO.  
NM 01480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
USA-Reno Oil Company

9. WELL NO.  
4

10. FIELD AND POOL, OR WILDCAT  
Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, T-15-S, R-31-E

12. COUNTY OR PARISH    18. STATE  
Chaves                      New Mexico

10. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 660'

16. NO. OF ACRES IN LEASE 160

17. NO. OF ACRES ASSIGNED TO THIS WELL 40

18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1325'

19. PROPOSED DEPTH 3300'

20. ROTARY OR CABLE TOOLS  
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3000 GL (Estimated)

22. APPROX. DATE WORK WILL START\*  
Upon approval

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

RECEIVED  
 JAN 19 1965  
 O. C. G.  
 ARTESIA, OFFICE

Prognosis and plats attached

RECEIVED  
 JAN 13 1965  
 U. S. GEOLOGICAL SURVEY  
 ARTESIA, NEW MEXICO

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED A. W. Lang TITLE Dist. Prod. Superintendent DATE 1-13-65  
 (This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE JAN 13 1965

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE JAN 13 1965  
 CONDITIONS OF APPROVAL, IF ANY:

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**WELL LOCATION AND ACREAGE DEDICATION PLAT**

FORM C-128  
 Revised 5/1/57

SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

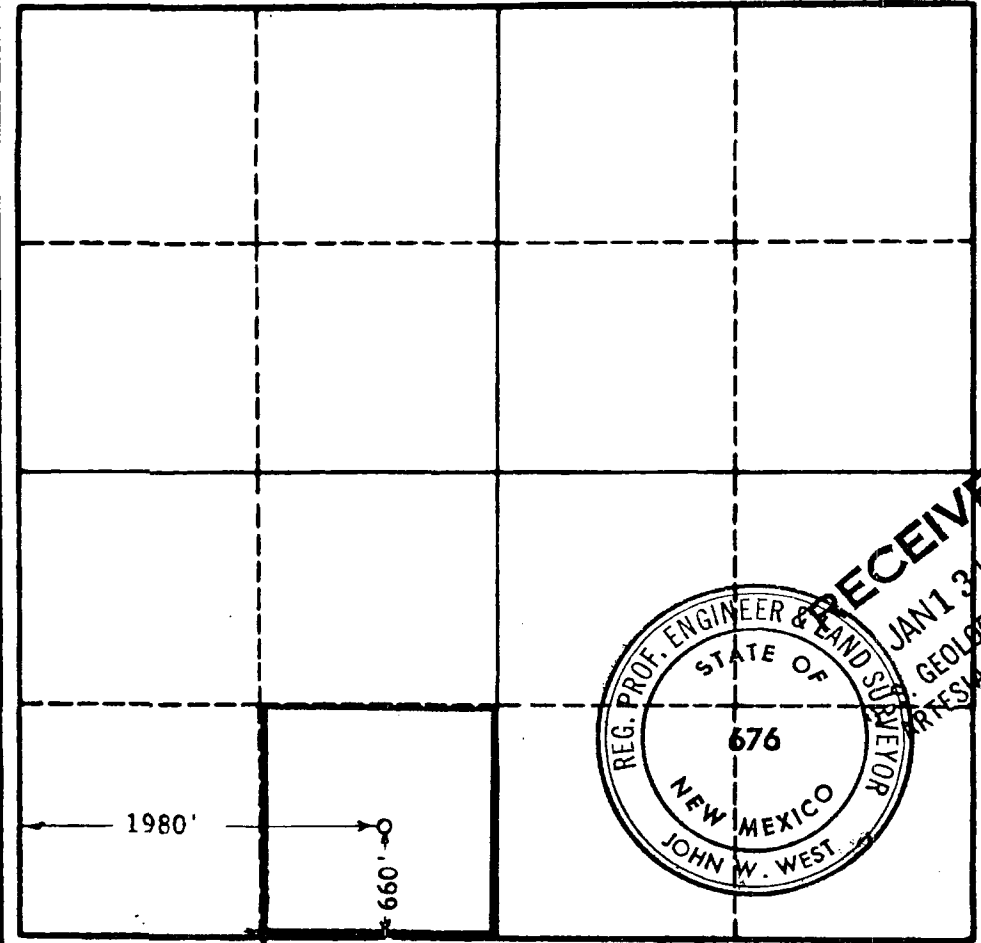
**SECTION A**

Operator <b>TENNECO OIL COMPANY</b>		Lease <b>USA RENO OIL COMPANY</b>		Well No. <b>4</b>
Unit Letter <b>N</b>	Section <b>3</b>	Township <b>15 SOUTH</b>	Range <b>31 EAST</b>	County <b>CHAVES</b>
Actual Footage Location of Well: <b>660</b> feet from the <b>SOUTH</b> line and <b>1980</b> feet from the <b>WEST</b> line				
Ground Level Elev. <b>3000 Est.</b>	Producing Formation <b>Ogrock Queen</b>	Pool <b>Undesignated</b>	Dedicated Acreage: <b>40</b> Acres	

1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES \_\_\_\_\_ NO  ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (63-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES \_\_\_\_\_ NO \_\_\_\_\_. If answer is "yes," Type of Consolidation \_\_\_\_\_
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description

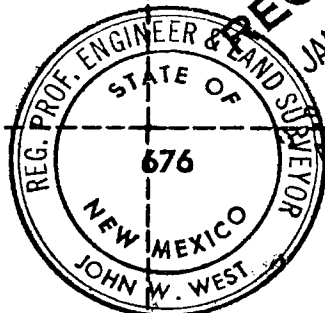
**SECTION B**



**CERTIFICATION**

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

Name <i>A. W. Lang</i>
Position <b>Dist. Prod. Superintendent</b>
Company <b>Tenneco Oil Company</b>
Date <b>January 13, 1965</b>



I hereby certify that the well location shown on the plat in SECTION B was determined from field notes of actual survey made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed <b>JAN 12, 1965</b>
Registered Professional Engineer and/or Land Surveyor, <b>JOHN W. WEST</b>
<i>John W. West</i>
Certificate No. <b>N. M. - P. E. &amp; L. S. NO. 676</b>





CMD :  
OG6IWCM

ONGARD  
INQUIRE WELL COMPLETIONS

02/21/05 12:25:21  
OOCOMBS -TPFE

API Well No : 30 5 10153 Eff Date : 01-01-1900 WC Status : A  
Pool Idn : 8559 CAPROCK;QUEEN  
OGRID Idn : 19869 RW OIL CO  
Prop Idn : 9684 RENO FEDERAL

Well No : 004  
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	:	N	3	15S	31E	FTG 660 F S FTG 1980 F W	A

Lot Identifier:

Dedicated Acre: 40.00

Lease Type : F

Type of consolidation (Comm, Un't, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD :  
OG6IPRD

ONGARD  
INQUIRE PRODUCTION BY POOL/WELL

02/21/05 12:25:32  
OGOMES -TPFE  
Page No: 1

OGRID Identifier : 19869 RW OIL CO  
Pool Identifier : 8559 CAPROCK;QUEEN  
API Well No : 30 5 10153 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Gas	Oil	Water	Well Stat
30 5 10153	RENO FEDERAL	01 93	11		8	524	P
30 5 10153	RENO FEDERAL	02 93	25		12	786	P
30 5 10153	RENO FEDERAL	03 93	23		10	655	P
30 5 10153	RENO FEDERAL	04 93	16		7	459	P
30 5 10153	RENO FEDERAL	05 93	24		11	721	P
30 5 10153	RENO FEDERAL	06 93	18		8	524	P
30 5 10153	RENO FEDERAL	07 93	21		19	1245	P

Reporting Period Total (Gas, Oil) :

M0025: Enter PF keys to scroll

PF01 HELP      PF02              PF03 EXIT      PF04 GoTo      PF05              PF06 CONFIRM  
PF07 BKWD      PF08 FWD          PF09              PF10 NXTPOOL PF11 NXTOGD      PF12



CMD :  
OG61PRD

ONGARD  
INQUIRE PRODUCTION BY POOL/WELL

02/21/05 12:25:35  
OCOMES -TPFE  
Page No: 2

OGRID Identifier : 19869 RW OIL CO  
Pool Identifier : 8559 CAPROCK;QUEEN  
API Well No : 30 5 10153 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. MM/YY	Days Prod	Production Volumes Gas	Oil	Water	Well Stat
30 5 10153	RENO FEDERAL	08 93	31		29	1900	P
30 5 10153	RENO FEDERAL	09 93	24		21	1376	P
30 5 10153	RENO FEDERAL	10 93	28		15	983	P
30 5 10153	RENO FEDERAL	03 94					S
30 5 10153	RENO FEDERAL	04 94					S
30 5 10153	RENO FEDERAL	05 94					S
30 5 10153	RENO FEDERAL	06 94					S

Reporting Period Total (Gas, Oil) :

E0049: User may continue scrolling.

PF01 HELP    PF02    PF03 EXIT    PF04 GoTo    PF05    PF06 CONFIRM  
PF07 BKWD    PF08 FWD    PF09    PF10 NXTPOOL    PF11 NXTOGD    PF12

CMD :  
CG6IPRD

ONGARD  
INQUIRE PRODUCTION BY POOL/WELL

02/21/05 12:25:36  
OGOMES -TPFE  
Page No: 3

OGRID Identifier : 19869 RW OIL CO  
Pool Identifier : 8559 CAPROCK;QUEEN  
API Well No : 30 5 10153 Report Period - From : 01 1993 To : 12 2005

API Well No	Property Name	Prodn. Days MM/YY Prod	Production Volumes Gas Oil	Well Water Stat
30 5 10153	RENO FEDERAL	07 94		S
30 5 10153	RENO FEDERAL	08 94		S
30 5 10153	RENO FEDERAL	09 94		S
30 5 10153	RENO FEDERAL	10 94		S
30 5 10153	RENO FEDERAL	11 94		S

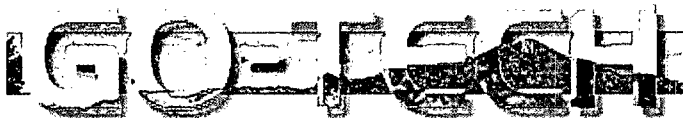
Reporting Period Total (Gas, Oil) : 140 9173

E0049: User may continue scrolling.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM  
PF07 BKWD PF08 FWD PF09 PF10 NXTPOOL PF11 NXTOGD PF12

[HOME](#) | [PETROLEUM DATA](#) | [NEWS](#) | [MARKETPLACE](#) | [SOFTWARE](#) | [SPONSORS](#) | [LINKS](#) | [CONTACT](#)

[PTTC](#)  
[PRRC](#)  
[NM-TECH](#)  
[NMBGMR](#)



[NYMEX LS Crude](#)     \$48.45  
[Navajo WTXI](#)         \$44.25  
[Henry Hub](#)            \$5.90

Updated 2/18/2005

[GENERAL](#) | [COUNTY](#) | [OPERATOR](#) | [POOL](#) | [LOCATION](#) | [OCD LOG & WELL FILES](#)

**View Production Data**

**In Internet Explorer, right click and select "Save Target As..."**  
**In Netscape, right click and select "Save Link As..."**

Download: [HTTP](#)

**Well:** RENO FEDERAL    **No.:** 004  
**Operator:** RW OIL CO [ [NM SLO data](#) ]  
**API:** 3000510153    **Township:** 15.0S    **Range:** 31E  
**Section:** 3    **Unit:** N  
**Land Type:** F    **County:** Chaves  
**Pools associated:**

- [CAPROCK;QUEEN](#)    **Total Acreage:** 40    **Completion:** 1
- [Show All](#)

Year: 1972  
 Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	947	0	2032	31	947	0
February	761	0	1633	29	1708	0
March	808	0	1734	31	2516	0
April	748	0	1605	0	3264	0
May	827	0	1775	0	4091	0
June	837	0	1796	0	4928	0
July	703	0	1509	0	5631	0
August	932	0	2000	0	6563	0
September	836	0	1794	0	7399	0
October	706	0	1515	0	8105	0
November	769	0	1650	0	8874	0
December	760	0	1631	0	9634	0

Total 9634 0 20674 91

Year: 1973

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	571	0	1225	0	10205	0
February	519	0	1114	0	10724	0
March	652	0	1399	0	11376	0
April	574	0	1232	0	11950	0
May	477	0	1024	0	12427	0
June	529	0	1135	0	12956	0
July	478	0	1026	0	13434	0
August	321	0	689	0	13755	0
September	351	0	753	0	14106	0
October	625	0	1341	0	14731	0
November	607	0	1303	0	15338	0
December	788	0	3087	0	16126	0
Total	6492	0	15328	0		

Year: 1975

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	112	0	439	0	16238	0
February	700	0	2742	0	16938	0
March	945	0	3702	31	17883	0
April	725	0	2840	30	18608	0
May	757	0	2965	31	19365	0
June	490	0	2673	30	19855	0
July	386	0	3828	31	20241	0
August	185	0	1566	31	20426	0
September	407	0	3446	30	20833	0
October	350	0	2963	31	21183	0
November	354	0	3287	30	21537	0
December	366	0	3399	31	21903	0
Total	5777	0	33850	306		

Year: 1976

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	96	0	891	31	21999	0
February						

	158	0	1467	29	22157	0
March	412	0	3826	31	22569	0
April	404	0	3752	30	22973	0
May	304	0	2823	31	23277	0
June	215	0	1996	30	23492	0
July	352	0	3269	31	23844	0
August	375	0	3482	30	24219	0
September	293	0	2721	27	24512	0
October	316	0	2934	31	24828	0
November	96	0	891	22	24924	0
December	288	0	2674	31	25212	0
Total	3309	0	30726	354		

Year: 1977

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	261	0	2424	31	25473	0
February	50	0	542	12	25523	0
March	106	0	1148	22	25629	0
April	305	0	3304	30	25934	0
May	295	0	3196	31	26229	0
June	291	0	2425	30	26520	0
July	206	0	1717	31	26726	0
August	275	0	330	31	27001	0
September	257	0	308	30	27258	0
October	105	0	126	31	27363	0
November	243	0	3240	30	27606	0
December	250	0	3333	31	27856	0
Total	2644	0	22093	340		

Year: 1979

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	162	0	2314	30	28018	0
February	137	0	1957	26	28155	0
March	191	0	2729	31	28346	0
April	193	0	2757	30	28539	0
May	188	0	2686	31	28727	0
June	171	0	2443	30	28898	0
July	162	0	2314	30	29060	0

August	100	0	2000	27	29160	0
September	198	0	3960	28	29358	0
October	111	0	2775	31	29469	0
November	105	0	2625	30	29574	0
December	121	0	3025	31	29695	0
Total	1839	0	31585	355		

Year: 1980

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	102	0	2550	31	29797	0
February	104	0	2600	27	29901	0
March	88	0	2200	30	29989	0
April	97	0	1940	28	30086	0
May	104	0	2080	29	30190	0
June	126	0	3150	30	30316	0
July	111	0	2775	30	30427	0
August	110	0	2750	31	30537	0
September	88	0	2200	26	30625	0
October	164	0	4100	31	30789	0
November	86	0	2150	24	30875	0
December	126	0	3150	27	31001	0
Total	1306	0	31645	344		

Year: 1981

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	112	0	2800	28	31113	0
February	95	0	2025	24	31208	0
March	95	0	2375	24	31303	0
April	112	0	2800	30	31415	0
May	94	0	2350	27	31509	0
June	128	0	3200	30	31637	0
July	92	0	2300	29	31729	0
August	115	0	2875	31	31844	0
September	108	0	2700	30	31952	0
October	114	0	2850	31	32066	0
November	96	0	2400	30	32162	0
December	108	0	2700	31	32270	0
Total	1269	0	31375	345		

Year: 1982  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	63	0	1575	23	32333	0
February	89	0	2225	27	32422	0
March	100	0	2500	31	32522	0
April	102	0	2550	30	32624	0
May	97	0	2425	31	32721	0
June	67	1	1675	26	32788	1
July	78	0	1950	25	32866	1
August	52	0	1300	18	32918	1
September	112	0	2160	30	33030	1
October	91	0	2275	31	33121	1
November	108	19	1836	27	33229	20
December	36	21	612	8	33265	41
Total	995	41	23083	307		

Year: 1983  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	106	21	714	21	33371	62
February	129	19	3096	28	33500	81
March	99	21	2376	31	33599	102
April	94	20	2256	28	33693	122
May	116	21	2784	31	33809	143
June	108	20	2592	30	33917	163
July	40	21	960	10	33957	184
August	116	21	2784	29	34073	205
September	105	20	2520	27	34178	225
October	79	21	1896	19	34257	246
November	117	20	2808	30	34374	266
December	56	20	1344	18	34430	286
Total	1165	245	26130	302		

Year: 1984  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	99	17	2376	23	34529	303
February	121	19	2904	29	34650	322
March	0	0	0	0	34650	322
April						

	103	20	2472	30	34753	342
May	74	21	1776	19	34827	363
June	112	20	2688	28	34939	383
July	89	22	2136	31	35028	405
August	99	21	2376	25	35127	426
September	80	20	1920	29	35207	446
October	81	21	1944	31	35288	467
November	79	20	1896	30	35367	487
December	0	0	0	0	35367	487
Total	937	201	22488	275		

Year: 1985

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	35367	487
February	0	0	0	0	35367	487
March	4	0	0	0	35371	487
April	0	0	0	0	35371	487
May	0	0	0	0	35371	487
June	0	0	0	0	35371	487
July	0	0	0	0	35371	487
August	0	0	0	0	35371	487
September	0	0	0	99	35371	487
October	0	0	0	99	35371	487
November	0	0	0	99	35371	487
December	85	0	2831	99	35456	487
Total	89	0	2831	0		

Year: 1986

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	50	0	1665	99	35506	487
February	35	0	1166	99	35541	487
March	33	0	1099	99	35574	487
April	32	0	1529	99	35606	487
May	28	0	2264	99	35634	487
June	46	0	1995	99	35680	487
July	40	0	2196	99	35720	487
August	34	0	2057	99	35754	487
September	70	0	2724	99	35824	487



October	49	0	3274	99	35873	487
November	56	0	2881	99	35929	487
December	60	0	3367	99	35989	487
Total	533	0	26217	0		

Year: 1987  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	39	0	3058	99	36028	487
February	58	0	2980	28	36086	487
March	67	0	3505	31	36153	487
April	54	0	3912	30	36207	487
May	55	0	5041	31	36262	487
June	43	0	3022	30	36305	487
July	58	0	4735	31	36363	487
August	51	0	3266	31	36414	487
September	66	0	3851	30	36480	487
October	60	0	5015	31	36540	487
November	49	0	2595	30	36589	487
December	58	0	3930	31	36647	487
Total	658	0	44910	334		

Year: 1988  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	58	0	2168	31	36705	487
February	55	0	3470	29	36760	487
March	47	0	3652	31	36807	487
April	52	0	3087	30	36859	487
May	56	0	5385	31	36915	487
June	48	0	3712	30	36963	487
July	54	0	5206	31	37017	487
August	48	0	4951	25	37065	487
September	38	0	5845	25	37103	487
October	44	0	3950	26	37147	487
November	49	0	3988	21	37196	487
December	42	0	4781	24	37238	487
Total	591	0	50195	334		

Year: 1989  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	49	0	3626	27	37287	487
February	25	0	1313	0	37312	487
March	18	0	3613	27	37330	487
April	28	0	3018	22	37358	487
May	69	0	3704	27	37427	487
June	31	0	3430	25	37458	487
July	48	0	3292	24	37506	487
August	42	0	4208	31	37548	487
September	41	0	2809	27	37589	487
October	43	0	2946	30	37632	487
November	30	0	2055	26	37662	487
December	58	0	3973	24	37720	487
Total	482	0	37987	290		

Year: 1990

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	35	0	2398	29	37755	487
February	31	0	2124	28	37786	487
March	38	0	2603	29	37824	487
April	33	0	2261	30	37857	487
May	35	0	2398	31	37892	487
June	32	0	2192	30	37924	487
July	35	0	2398	30	37959	487
August	38	0	2603	31	37997	487
September	31	0	2031	29	38028	487
October	31	0	2031	30	38059	487
November	30	0	1965	28	38089	487
December	37	0	2424	28	38126	487
Total	406	0	27428	353		

Year: 1991

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	39	0	2555	31	38165	487
February	28	0	1834	27	38193	487
March	23	0	1507	26	38216	487
April	23	0	1507	19	38239	487
May	14	0	917	11	38253	487
June	33	0	2162	28	38286	487

July	32	0	2096	31	38318	487
August	26	0	1703	26	38344	487
September	29	0	1900	30	38373	487
October	30	0	1965	27	38403	487
November	29	0	1900	30	38432	487
December	27	0	1769	29	38459	487
Total	333	0	21815	315		

Year: 1992

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	29	0	1900	31	38488	487
February	22	0	1441	23	38510	487
March	15	0	983	18	38525	487
April	29	0	1900	26	38554	487
May	30	0	1965	0	38584	487
June	27	0	1769	27	38611	487
July	30	0	1965	28	38641	487
August	21	0	1376	31	38662	487
September	11	0	721	24	38673	487
October	12	0	786	13	38685	487
November	0	0	0	0	38685	487
December	35	0	2293	29	38720	487
Total	261	0	17099	250		

Year: 1993

Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	8	0	524	11	38728	487
February	12	0	786	25	38740	487
March	10	0	655	23	38750	487
April	7	0	459	16	38757	487
May	11	0	721	24	38768	487
June	8	0	524	18	38776	487
July	19	0	1245	21	38795	487
August	29	0	1900	31	38824	487
September	21	0	1376	24	38845	487
October	15	0	983	28	38860	487
November	0	0	0	0	38860	487
December	0	0	0	0	38860	487

Total 140 0 9173 221

Year: 1994  
Pool Name: CAPROCK;QUEEN

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced	Accum. Oil(BBLS)	Accum. Gas(MCF)
January	0	0	0	0	38860	487
February	0	0	0	0	38860	487
March	0	0	0	0	38860	487
April	0	0	0	0	38860	487
May	0	0	0	0	38860	487
June	0	0	0	0	38860	487
July	0	0	0	0	38860	487
August	0	0	0	0	38860	487
September	0	0	0	0	38860	487
October	0	0	0	0	38860	487
November	0	0	0	0	38860	487
December	0	0	0	0	38860	487
Total	0	0	0	0		

Page last updated 07/22/2004. Webmaster [gotech\\_prrc@yahoo.com](mailto:gotech_prrc@yahoo.com)

*General*

**Davidson, Florene**

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**From:** Williams, Chris  
**Sent:** Wednesday, October 24, 2001 11:24 AM  
**To:** Davidson, Florene  
**Subject:** FW: RW Oil

RW Oil, PO Box 1209, Lovington, NM 88260 -Florene per Mr. Brooks instructions below. Chris

-----Original Message-----

**From:** Brooks, David K  
**Sent:** Wednesday, October 24, 2001 10:53 AM  
**To:** Williams, Chris  
**Cc:** Davidson, Florene  
**Subject:** RW Oil

Chris:

In preparing the notices for the 2d inactive well application ( the one I sent you yesterday), I could not find an address for RW Oil Co. either in our records or in those of the PRC. If you have any address for that entity, please email it to Florene Davidson who is preparing the letters.

Thanks!  
DB

*General*

**Davidson, Florene**

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**From:** Williams, Chris  
**Sent:** Wednesday, October 24, 2001 2:33 PM  
**To:** Davidson, Florene  
**Subject:** Update RW Oil Co-Address

Route 1 Box 104, Lovington, NM 88260