

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

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

Before the OCD  
Case 13412  
OCD Ex. 8

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |                  |
|---|---|------------------|
| I. Operator   |   | Well API No.     |
| RW Oil Company  |   | 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:   |                  |
| Recompletion <input type="checkbox"/>   | Oil <input type="checkbox"/> Dry Gas <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 <u>Bisco Oil Company, Box 755, Hobbs, NM 88241</u> |   |                  |

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |          |            |            |                            |       |
|--|--|----------|------------|------------|----------------------------|-------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |          |            |            |                            |       |
| <u>Navajo Refining Company</u>   | <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   | Sec.     | Twp.       | Rge.       | Is gas actually connected? | When? |
|  | <u>M</u>   | <u>3</u> | <u>15S</u> | <u>31E</u> | <u>No</u>                  |       |

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

IV. COMPLETION DATA

|                                    |                             |          |                 |          |                   |           |            |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | F.B.T.D.          |           |            |            |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                       |                             |          |                 |          | Depth Casing Shoe |           |            |            |

TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (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  
Printed Name  
4-17-89  
Date  
505-393-2727  
Telephone No.  
Agent  
Title

OIL CONSERVATION DIVISION

Date Approved APR 27 1989  
By ORIGINAL SIGNED BY DISTRICT SUPERVISOR  
Title \_\_\_\_\_

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

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

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO 88240

U. S. OIL CONS. COMMISSION  
RECEIVED  
R.O. BOX 1930

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.

NMNM 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

Caprock Ruffa

11. County or Parish, State

Chaves

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

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Change of Operator  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

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

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

Reno Federal #1  
API #30-005-00548

Reno Federal #2  
API #30-005-10151

Reno Federal #3  
API #30-005-10152

Reno Federal #4  
API #30-005-10153

No gas transporter attached

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

Signed

Title Owner/Operator

Date 12-22-94

(This space for Federal or State office use)

Approved by  
Conditions of approval, if any:

Title

APPROVED  
PETER W. CHESTER

APR 12 1995

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

\*See Instruction on Reverse Side

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

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**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

RW Oil Company

3. Address and Telephone No.

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

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

N 3-15S-31E

6305 120900

5. Lease Designation and Serial No.

NM-01480

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

4 - Reno Federal

9. API Well No.

33-105-10153

10. Field and Pool, or Exploratory Area

11. County or Parish, State

Chaves, NM

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- ☐ Notice of Intent  
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☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
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☐ Conversion to Injection  
☐ Dispose Water

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

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

Action Taken:

August 1, 1995

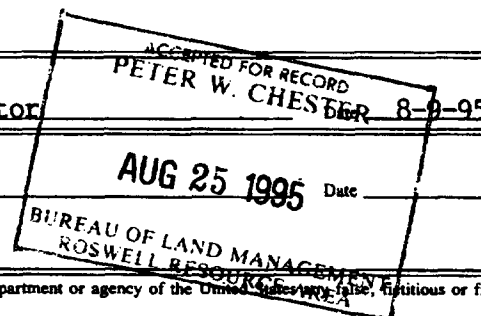
Repaired flowline and put well back on.

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

Signed Tommy Willyard Title Owner/Operator

(This space for Federal or State Office use)

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



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

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