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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

JUL 27 1982

O. C. D.
ARTESIA, OFFICE

Operator Pennzoil Company	
Address P.O. Drawer 1828 - Midland, Texas 79702-1828	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Request 50 bbl testing allowable for month of July 1982. Perfs 8849-9029
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Winchester Federal	Well No. 1	Pool Name, Including Formation Burton Flats Wolfcamp, N	Kind of Lease State, Federal or Fee Federal	Lease No. NM-13232A
Location				
Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East				
Line of Section 4 Township 20S Range 28E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 - Houston, TX 77001					
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 H	Sec. 4	Twp. 20S	Rge. 28E	Is gas actually connected? No	When Soon

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5/04/82	Date Compl. Ready to Prod. 7/08/82		Total Depth 11,400'		P.B.T.D. 11,350'			
Elevations (DF, RKB, RT, GR, etc.) 3296.4 G.R.	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 8849		Tubing Depth 8774			
Perforations 23 holes - 8849,50,51,53,57; 8947,48,49; 8968,69,70,71,72,73,74,75,76; 9015,17,22,26,28,29. Wolfcamp					Depth Casing Shoe 11,390'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		323		775			
12-1/4	8-5/8		2999		3250			
7-7/8	4-1/2		11,390		1175			

VI. 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)

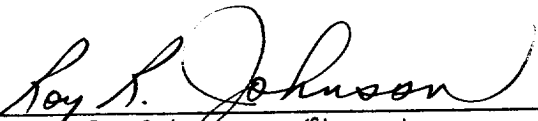
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

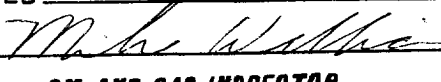
GAS WELL

Actual Prod. Test-MCF/D 2020	Length of Test 5-1/2 hours	Bbls. Condensate/MMCF 44	Gravity of Condensate 70.4
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 3016 - 48 hours	Casing Pressure (shut-in) 0-packer	Choke Size Various

VII. 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.


Roy R. Johnson (Signature)
Office Manager (Title)
July 23, 1982 (Date)

OIL CONSERVATION COMMISSION	
APPROVED JUL 27 1982, 19	
BY 	
TITLE OIL AND GAS INSPECTOR	
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.	