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Appropriate District Office
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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

OIL CONSERVATION DIVISION

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

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

RECEIVED

JUL 15 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator CHI OPERATING, INC. ✓	Well API No. 30-015 2414-6
Address P.O. Box 1799, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name WINCHESTER FEDERAL	Well No. 1	Pool Name, Including Formation Wildcat BoneSpringGas	Kind of Lease State, Federal or Fee -----	Lease No. NM 13232A
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>4</u> Township <u>20S</u> Range <u>28E</u> , NMPM, <u>EDDY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> SCURLOCK PERMIAN	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, Tx. 77120-4648	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> GAS COMPANY OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 4
	Twp. 20	Rge. 28
	Is gas actually connected? NO	When? 7-17-92

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
		X				X		X
Date Spudded 5/4/82	Date Compl. Ready to Prod. 7/8/82	Total Depth 11,400		P.B.T.D. 11,350				
Elevations (DF, RKB, RT, GR, etc.) 3296.4	Name of Producing Formation BONESPRINGS	Top Oil/Gas Pay 6146		Tubing Depth 6100				
Perforations 6146 to 6300 12ST			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
				Post IP-2				
				8-28-92				
				P & A well				
				comp B5				

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 7/3/92	Date of Test 7/7/92	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 4hr	Tubing Pressure 1730	Casing Pressure 0	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 2	Gas- MCF 2,725

GAS WELL

Actual Prod. Test - MCF/D 2,725	Length of Test 4hr	Bbls. Condensate/MMCF 96	Gravity of Condensate 60.2
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 1963	Casing Pressure (Shut-in) 0	Choke Size 20/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
DAVID H. HARRISON PRESIDENT
Printed Name
7/14/92 Date
915-685-5001 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 25 1992

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.