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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

MAY 28 1992

O. C. D.
APPROPRIATE OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator CHI OPERATING INC	Well API No.
Address P. O. BOX 1799, MIDLAND, TX 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 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"/>
If change of operator give name and address of previous operator PENNZOIL COMPANY HOUSTON, TX	

II. 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	Lease No. NM 13232 A
Location Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line Section 4 Township 20S Range 28E, NMPM, EDDY 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"/> 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"/>	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 ?

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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 GR	Name of Producing Formation WOLFCAMP	Top Oil/Gas Pay 8849	Tubing Depth 8774					
Perforations 8849 to 57; 4947 to 49; 8968 to 76; 9015 to 29			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	3,250					
7 7/8	4 1/2	11390	1,175					

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 - MMCF/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.

Signature
DAVID H. HARRISON PRESIDENT
Printed Name
5/27/92 915-685-5001 Title
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 28 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
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.