

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  
1600 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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chi Operating, Inc. ✓	Well API No. 30-015-27069
Address P. O. Box 1799, Midland, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" 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. 2	Pool Name, Including Formation Old Millman Ranch Bone Spring	Kind of Lease State, Federal or Fee	Lease No. NM13232A
Location Unit Letter <u>E</u> : <u>610</u> Feet From The <u>West</u> Line and <u>1930'</u> Feet From The <u>North</u> <del>East</del> Line Section <u>3</u> Township <u>20-S</u> Range <u>28-E</u> , <u>NMPM</u> , <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	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GPM Gas Corp.	Address (Give address to which approved copy of this form is to be sent) 4404 Penbrock, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>3</u>
	Twp. <u>20S</u>	Rge. <u>28E</u>
	Is gas actually connected? Yes	When? 12/6/92

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/08/92	Date Compl. Ready to Prod. 12/01/92		Total Depth 7,430'		P.B.T.D. 7,345'			
Elevations (DF, RKB, RT, GR, etc.) 3287 GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 6,156		Tubing Depth 6,050'			
Perforations 6156 to 6336					Depth Casing Shoe 7,430			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 12 3/4"		DEPTH SET 388		SACKS CEMENT 420 SKS C			
7 7/8"	5 1/2"		7,430		2,400 SKS C			

### 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 12-20-92	Date of Test 12-20-92	Producing Method (Flow, pump, gas lift, etc.) F	
Length of Test 24	Tubing Pressure 1725	Casing Pressure —	Choke Size 22
Actual Prod. During Test	Oil - Bbls. 83	Water - Bbls. 37	Gas - MCF 2368

### GAS WELL

Actual Prod. Test - MCF/D 3,368	Length of Test 24 hrs	Bbls. Condensate/MMCF 83/3,368,000	Gravity of Condensate 58.6
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 2,050#	Casing Pressure (Shut-in) NA	Choke Size 22/64

### 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  
1/10/93 (915) 685-5001  
Date Telephone No.

### OIL CONSERVATION DIVISION

FEB 26 1993

Date Approved

By Mark Walker

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.