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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
See Instructions
at Bottom of Page

JAN 18 1990

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | | |
|---|--|---|--|
| Operator Bird Creek Resources, Inc. | | Well API No. 30-015-26239 | |
| Address 1412 S. Boston, Suite 550, Tulsa, Oklahoma 74119 | | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | | |
| New Well <input checked="" type="checkbox"/> | | Change in Transporter of: | |
| Recompletion <input 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"/> | |
| Change of operator give name and address of previous operator | | | |

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|------------------|
| Lease Name Teledyne | Well No. 1 | Pool Name, Including Formation East Loving Delaware | Kind of Lease State, Federal or Fee | Lease No. Fee |
| Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 14 Township 23S Range 28E, NMPM, Eddy County | | | | |

II. 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) PO Box 1725, Midland, Texas 79702 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) Box 1492, Midland, Texas 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 14 | Twp. 23S | Rge. 28E | Is gas actually connected? NO yes | When? Est 1-20-90 1-23-90 |
| 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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 12-28-89 | Date Compl. Ready to Prod. 1-13-90 | | Total Depth 6210' | | P.B.T.D. 6152' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3002' KB | Name of Producing Formation Delaware | | Top Oil/Gas Pay 6062' | | Tubing Depth 5944' | | | |
| Perforations 6062-6143' 2 SPF | | | | Depth Casing Shoe 6204' | | | | |

| | | | |
|-------------------------------------|--------------------------------|-------------------|--|
| TUBING, CASING AND CEMENTING RECORD | | | |
| HOLE SIZE 12 1/4" | CASING & TUBING SIZE 8 5/8" | DEPTH SET 518' | SACKS CEMENT 350 sx Class C |
| 7 7/8" | 5 1/2" | 6204.5' | 2 stg-1100 sx Class H & 1250 sx Lite & Cl C |

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 1-12-90 | Date of Test 1-13-90 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 2 hours | Tubing Pressure 875 psi | Casing Pressure 685 psi | Choke Size 17/64" |
| Actual Prod. During Test | Oil - Bbls. 19 236 | Water - Bbls. 18 216 | Gas - MCF 28 336 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/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 Bill M. Burks | | Agent | |
| Printed Name Bill M. Burks | | Title | |
| Date 1-16-89 | | Telephone No. 918-582-3855 | |

OIL CONSERVATION DIVISION

| | |
|---------------|-------------------------------------|
| Date Approved | JAN 23 1990 |
| 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 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) This form (Form 101) must be filed for each previously multiply completed wells.