iubmit 5 Copies Appropriate District Office <u>PISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

<u> NSTRICT II</u> ².O. Drawer DD, Anesia, NM 88210

<u>DISTRICT III</u> .000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Ei ...gy, Minerals and Natural Resources Departme. RECEIVED

OCT 23'90

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION ANTESIX. OFFICE TO TRANSPORT OIL AND MATURE.

•	, in the care	TO TRA	NSP		AND NA						
Operator . Well 7								API No.			
Bird Creek Resources, Inc. / 30-									7		
Address		10 m1		Ol- 741	10						
810 S. Cincinnati, S Reason(s) for Filing (Check proper box)	urce 1.	IO, Tul	.Sd,	OK. 741		er (Please exp	lain)				
New Well XX		Change in	Transp	orter of:		ci (i iewe exp	(an)				
Recompletion	Oil		Dry G								
Change in Operator	Casinghea	ad Gas 🔲	Condo	-							
f change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	AND LE		15			· .					
Lease Name Chaves	Well No. Pool Name, Includin 1 East Lov							of Lease Federal or Fee	,		
Location											
Unit Letter B	:66	50	Feet I	From The	North Lin	e and <u>19</u>	80 F	et From The _	East	Line	
Section 15 Township	23S		Range	28E	, N	мрм, Ед	dy '			County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conder				ve address to s	vhich approved	copy of this fo	orin is to be s	ent)	
Pride PL Co.						PO Box 2436, Abilene, Tx. 79604					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
El Paso	El Paso						PO Box 1492, El Paso, Tx. 79978				
If well produces oil or liquids, give location of tanks.					ls gas actual	ly connected?	When	?			
· · · · · · · · · · · · · · · · · · ·	B	15	<u> 235</u>		<u> </u>	Yes		10-2	2-90		
If this production is commingled with that IV. COMPLETION DATA	nom any oc	ner lease or	poor, g	ive comming	ing order nuit	iber:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		j x	i		X	i	i]]		
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
9-27-90	10-20-90					6211'			6179'		
	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
3008' KB Delaware						6032'			5990 L Depth Casing Shoe		
6058-6101'									6210'		
TUBING, CASING AND						NG RECO	RD	.1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"				518'			310	310 Post ID-2		
7 7/8"	5 1/2"			6210'			1625		-2-90		
					1				Corn	PYBIL	
V. TEST DATA AND REQUES	T FOD	278	A 12 I I	7	59	90		.l			
OIL WELL (Test must be after r					t be equal to o	r exceed top a	llowable for the	s denth or he i	for full 24 hou	urs l	
Date First New Oil Run To Tank	Date of To		-7				ownp, gas lift,		<u> </u>		
10-18-90	10-22-90				FLOWING						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	•		
4 HOURS	350#				510#				32/64" Gas- MCF		
Actual Prod. During Test	During Test Oil - Bbls. 40				Water - Bbls.			50			
					1		 	1	·		
GAS WELL		z			-r-:::::::::::::::::::::::::::::::::::						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
M Open aron ornared	A (1717 - C.)	7.001.11	ר זי זי	NOD					· · · · · · · · · · · · · · · · · · ·		
VI. OPERATOR CERTIFIC				NCE		OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regul Division have been complied with and				ve		0.200					
is true and complete to the best of my knowledge and belief.					Date Approved			OCT 3	OCT 3 0 1990		
	. ,	7			Dall	·hhio	· · · · · · · · · · · · · · · · · · ·	.=-			
5ill y Surla					∭ Ву_		ORIGINAL	SIGNED	ВУ		
Signature Bill M. Burks Agent					П ру-		MIKE WIL	LIAMS			
Printed Name Title					Title		SUPERVIS	SOR, DIST	RICT II		
10-22-90		918-58			11116	jin					
Date		Tel	ephone	No.							
		Charles Same Carles Annies	Contraction of	A STATE OF THE PARTY OF THE PAR		A transfer of the second				Contract to Constitution.	

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.
-) All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
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