

OIL CONSERVATION DIVISION

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

RECEIVED

JUL 05 1991

O. C. D.  
ARTESIA, OFFICE

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc.		Well API No. 30-015-26448
Address 810 South Cincinnati, Suite 110 Tulsa, Oklahoma 74119		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective: 6-5-91	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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 Caviness Paine	Well No. 2	Pool Name, including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>P</u> : <u>760</u> Feet From The <u>South</u> Line and <u>630</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>23S</u> Range <u>28E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Transwestern Pipeline	1400 Smith Road, Houston, Texas 77251	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 15
	Twp. 23S	Rge. 28E
	Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 - 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.

Brad D. Burks /for BMB  
Signature  
Bill M. Burks Agent  
Printed Name  
7-2-91 Title  
Date 918-582-3855  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 09 1991

ORIGINAL SIGNED BY  
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.

## OIL CONSERVATION DIVISION

Artesia, New Mexico

DATE: February 11, 1991

Bird Creek Resources

810 S. Cincinnati, Ste. 110

Tulsa, OK 74119

Re: Wells placed in pool

Gentlemen:

As the result of Division Order R-9418 the following described well (s) ~~has~~ have) been placed in the pool ~~set~~ shown below. This change in nomenclature has been made in our files. Please change your records to reflect the proper pool name. All subsequent reports must show this nomenclature until further notice.

East Loving - Delaware Pool

Queen #1	A-22-23-28
Chaves #1	B-15-23-28
Trachta #2	E-14-23-28
Caviness-Payne #2	P-15-23-28

Transporters are advised, by copy of this letter, to change their records to reflect the pool name as established by this order, effective February 1, 1991.

Sincerely,

*Darrell Moore*Darrell Moore  
Geologist

cc: Each transporter Enron  
Mae  
PI  
Well file  
Joe Chism  
Santa Fe

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  
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

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JAN 24 '91

O. C. D.  
ARTESIA, OFFICE

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

clsf  
v  
dp

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

Operator <b>Bird Creek Resources, Inc.</b>	Well API No. <b>30-015-26448</b>
Address <b>810 South Cincinnati, Suite 110, Tulsa, Oklahoma 74119</b>	
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change Effective: <b>2-1-91</b>	
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Caviness-Payne</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>East Loving Delaware</b>	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter <b>P</b> : <b>760</b> Feet From The <b>South</b> Line and <b>630</b> Feet From The <b>East</b> Line				
Section <b>15</b> Township <b>23S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> 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"/> <b>Enron Oil Trading &amp; Trans. Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1188, Houston, TX 75251-1188</b>	
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 <b>P</b>	Sec. <b>15</b>
	Twp. <b>23S</b>	Rge. <b>28E</b>
Is gas actually connected?	When?	
<b>Yes</b>	<b>9-28-90</b>	

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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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.)

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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

### 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.

Bill M. Burks  
Signature  
**Bill M. Burks** Agent  
Printed Name  
**1-23-91** Title  
Date **918-582-3855** Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **JAN 29 1991**

By ORIGINAL SIGNED BY  
**MIKE WILLIAMS**  
Title SUPERVISOR, DISTRICT II

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