

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc. ✓	Well API No. 30-015-26544
Address 810 S. Cincinnati, Suite 110 Tulsa, OK 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"/>	
If change of operator give name and address of previous operator _____	

CASINGHEAD GAS MUST NOT BE
PRODUCED AFTER 2/1/91
UNLESS AN EXCEPTION TO
RULE 305 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARKHAM	Well No. 1	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter C : 330 Feet From The North Line and 2250 Feet From The West Line Section 22 Township 23-S Range 28-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene, TX 79608
Name of Authorized Transporter of Casinghead Gas El Paso Natural 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) P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks. Unit C Sec. 22 Twp. 23S Rge. 28E	Is gas actually connected? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes When? 2-1-91

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 12-9-90	Date Compl. Ready to Prod. 1-5-91		Total Depth 6349'		P.B.T.D. 6312'			
Elevations (DF, RKB, RT, GR, etc.) 3030' KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 6105'		Tubing Depth 2 7/8" @ 6018'			
Perforations 1 spf @ 6105-6206'					Depth Casing Shoe 5 1/2" @ 6341'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 0-530'		SACKS CEMENT 420 sx, 8 yd RediMix			
7 7/8"	5 1/2"		0-6341'		1782 sxs.			
					Part IV-3 5-3-91			

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 1-5-91	Date of Test 1-8-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hr.	Tubing Pressure 425#	Casing Pressure 1040#	Choke Size 17/64"
Actual Prod. During Test	Oil - Bbls. 144	Water - Bbls. 132	Gas - MCF 161

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 1-9-91 Telephone No. (918) 582-3855

OIL CONSERVATION DIVISION
Date Approved JAN 17 1991
By ORIGINAL SIGNED BY MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II