Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

Energy, Minerals and Natural Resources Department

State of New Mexico

RECEIVED

JAN 14 '91

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

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL COLOR

perator	erator					Well API No.		
Bird Creek Res		<u> </u>	1					
ddress			07 74110					
810 S. Cincinn	ati, Suite	110 Tulsa	Other (Please explain)					
cason(s) for Filing (Check proper box)	G :	Tomassadas of	Outer (Frease explain)	כיבווסי	GAS MUS	T NOT BE		
ew Well		Transporter of: Dry Gas	c)	n kita	•	10,0		
			FLORED ALVER ZILISI United Alvertage Ton To:					
hange in Operator Lange of operator give name	Castilgicad Gas	Condensate				TO:		
d address of previous operator			RULU	325 13	OBTAINED_			
DESCRIPTION OF WELL	ANDIRASE							
case Name	Well No.	Pool Name, Includin	e Formation	Kind of	Lease	Lease No.		
MARKHAM	1		ig Delaware	State, Fe	ederal or Fee	Fee		
ocation		_1						
C	330	Feel From The No	orth., 225	0	From The	est Line		
Unit Letter	- i	_ Feel From The	Line and	reci	rioit the	Line		
Section 22 Townshi	23-5	Range 28-1	, NMPM,	Ε	ddy	County		
Section Township	γ							
II. DESIGNATION OF TRAN	SPORTER OF C	IL AND NATUI	RAL GAS 1188	House		77251-1188		
Name of Authorized Transporter of Oil	X or Condo	nsate —	Address (Give address to which	approved o		s 10 be seru)		
P ride Pipeline Go .	EOT	• []	P.O. Box 2436	A bile	ne , TX	79604		
Name of Authorized Transporter of Casin		or Dry Gas	Address (Give address to which	approved o	opy of this form i	s to be sent)		
El Paso Natural Gas		-	P.O. Box 1492,	El Pa	so, IX	79978		
if well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When		0.1		
ive location of tanks.	C 22	23S 28E	the yes		型. 2-11-	91		
f this production is commingled with that	from any other lease o	r pool, give commingli	ng order number:					
V. COMPLETION DATA	·	•						
	Oil We	II Gas Well	New Well Workover	Deepen	Plug Back San	ne Res'v Diff Res'v		
Designate Type of Completion	- (X) X	i	i x i i	Ì	1	<u> </u>		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.			
12-9-90	1-5	-91	6349'		6312'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing		Top Oil/Gas Pay		Tubing Depth			
3030' KB	3030' KB Delaware		6105'		2 7/8" 0 6018'			
Perforations					Depth Casing Sh	•		
1 spf @ 6105-6	5206'				5 j " @	6341'		
	TUBING	G, CASING AND	CEMENTING RECORD) 	·			
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET		SACKS CEMENT			
12 ½"	8 5/8"		0-530'		420 sx, 8 yd RediMi			
7 7/8"	5 ½	11	0-6341'	<u> </u>	1782 sxs	· A .		
						Part ID-3		
						5-3-91		
V. TEST DATA AND REQUE	ST FOR ALLOV	VABLE .				Add GT: EP,		
OIL WELL (Test must be after	recovery of total volum	ne of load oil and mus.	be equal to or exceed top allow	vable for thi	s depth or be for f	full 24 hours.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, e		etc.)			
1-5-91	1-8-91		Flowing					
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
24 Hr.	425#		1040#		17/64"			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
	144		132		161			
GAS WELL						•		
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Con-	densate		
Actual Flod. Test - NICI7D	Dangur or Year							
l'esting Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressure (Shut-in)		Choke Size			
Testing Method (place, back pr.)	,	•						
	G + WE OF GO)	ADLIANCE			<u>, t,, , , , , , , , , , , , , , , , ,</u>			
VI. OPERATOR CERTIFI			OIL CON	SERV	ATION D	IVISION		
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.								
			Date Approved		JAN 1 7 1991			
to the site complete to the oca of th	A		Date Approve	u	4, 2			
P.11.	$\geqslant \mathscr{V}$							
Day M.	Durn		Byo	NGINAL	SIGNED BY			
Signature Bill M. Bur	M	MIKE WILLIAMS						
Printed Name	Title SUPERVISOR, DISTRICT IT							
1-9-91	(918) 5	82-3855						
Date		Telephone No.						
		residents of the property and the	क्षत्रकार में केंद्रिकार करते कर के किस के किस कर के किस की क जान कर के किस की किस की किस की किस की कि	Jan Jan But List	to at handler of letter of			

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.

as analy most in multiply completed wells