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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

RECEIVED

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUI	EST FO	OR ALL	_OWABI	_E AND	AUTHORIZ	ZATION	MI <b>GO</b> 73, <b>O</b> 1170	· }	0 (1)
I.						TURAL GA	<b>S</b>		···	U
Operator Bird Creek Resources, Inc.							Well API No. 30-015-26328			
Address				110 7	ulca	Oklahon	na 741			
810 South Cinc Reason(s) for Filing (Check proper box)	innat	1, Su	ite.	110, 1		her (Please expla		<u> </u>		
New Weil		Change in						0 1 0	1	
Recompletion	Oil Casinghead		Dry Gas Condens		Cha	nge Effe	ective:	2-1-9	1	
of change of operator give name and address of previous operator	Castrigites	. 0	Condens							
II. DESCRIPTION OF WELL A									·	
Lease Name Trachta	Well No. Pool Name, Includin 1 East Lov							f Lease Federal or Fee Fee		
Location Unit Letter	: 198	0	Fect Fro	om The So	outh Li	ne and <u>660</u>	Fo	et From The W	est	Line
Section 14 Township	235		Range	28E		NMPM,	Eddy			County
III. DESIGNATION OF TRAN	SPORTE	ROFO	IL ANI	NATUI						
Name of Authorized Transporter of Oil Or Condensate Enron Oil Trading & Trans. Co.					Address (Give address to which approved copy of this form is to be sent)  PO Box 1188, Houston, TX 75251-1188					
Name of Authorized Transporter of Casing	or Dry (	ry Gas Address (Give address to which				approved copy of this form is to be sent)				
El Paso Natural  If well produces oil or liquids,	Unit	Sec.	Twp.	1 Page		OX 1492	, Midla When		79979	
give location of tanks.	L	14		28E	Y	e s	When	5-31-	90	1
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming!	ing order nu	mber:				
Designate Type of Completion	- (X)	Oil Well	1   0	Jas Well	New Wel	l Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Date Spudded	Date Comp	ol. Ready u	o Prod.		Total Depti	1		P.B.T.D.		1
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Ga	s Pay		Tubing Depth-		
Perforations					L		<del></del> :	Depth Casing Shoe		
	7	TIRING	CASI	NG AND	CEMENT	TING RECOI	<u>.</u>	<u> </u>		•
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	ļ. <u>.</u>					·	•			<u> </u>
		<del></del>	<del></del>							
V. TEST DATA AND REQUES	EL EOB A	IIOW	ARIE							
OIL WELL (Test must be after r				oil and must	be equal to	or exceed top al	lowable for thi	s depth or be for	r full 24 hour	·s.)
Date First New Oil Run To Tank	Date of Te	st			Producing	Method (Flow, p	ownp, gas lift, o	etc.)		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	. •	· · · · · · · · · · · · · · · · · · ·			<del>1</del>	· · · · · · · · · · · · · · · · · · ·				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAN	NCE		011 001		471011		
I hereby certify that the rules and regul	lations of the	Oil Conse	rvation	-		OIL CO	NSERV	ATION E	лviSiC	Ν
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					∥ Da	ite Approv	ed	IAN 9 0 4	1001	
P 11. 7	D					ira Whhion	~~~~~ <b>~</b>	<del>}}11</del>	<del>381</del>	
Signature					By ORIGINAL SIGNED, BY					
Bill M. Burks			Agen Title		4.:1	ر ام	ARE WILL	IAM <b>S</b>	Λ4₹ IÉI	
Printed Name 23-91  Date  Title 918-582-3855  Telephone No.						le	SUPERVION	OR, DISTRU	J 17	
Date		1 6	rehunue i	···	11				- yartsartig	

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. H. HI. and VI for changes of operator, well name or number, transporter, or other such changes.