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CO. Box 1980, Hobbs, NM 88240

State of New Mexico , Minerals and Natural Resources Departmer

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page NOV - # 1991

DISTRICT II
20. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe. New Mexico 87504-2088

O. C. D.

STRICT III OOO Rio Brazos Rd., Azsec, NM 87410			•		SALCO 6730			ESIA OFFICE		
						UTHORIZ				
Operator	<u>.</u>	O THAN	15701	HI OIL	AND NA	URAL GA		JPI No.		
Bird Creek Resou	rces, Inc.							-015-21670		
Address 810 South Cincin	nati, S	uite 11	10 T	ulsa,	OK 7411	.9				
Reason(s) for Filing (Check proper box)		_			Othe	e (Please expla	in)			
New Well Recompletion		Change in T		at of:						
Change in Operator	Oil Casinghead		ory Gas Condensa							
change of operator give name nd address of previous operator								73 		
I. DESCRIPTION OF WELL	AND LEA	~								
Lease Name Jarvis Mead Com.		Well No. P			ng Formation	1011	,	of Lease Federal or Fee	Lease No.	
Location	L		41111	amed /	1/1/des	1 TTZYR	g state,	receil or res	Fee	
Unit Letter N	660	F	eet Pron	n The	South Lim	and 1980) F•	et From The	est Line	
Section 5 Township	22-S		lange	27-E		IPM,	Eddy		County	
II. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND	NATIII	RAL GAS				Codiny	
Name of Authorized Transporter of Oil or Condensate Pride Pipeline Company					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					PO Box 2436, Abiline, Texas 79604 Address (Give address to which approved popy of this form is to be sent)					
Well produce oil or limite					P. D. DA	v 1322	<u> </u>	My 97 88340		
ive location of tanks.	i N i	5 j	228	Rge. 27E	ls gas actualify	es :	When	1 11-2	-91	
this production is commingled with that IV. COMPLETION DATA	from any other	r lease or po	od, give	commingi	ing order numb) or:				
Designate Type of Completion	- 00	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth		<u> </u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducina Rom	nation							
					Top Oil/Gas I	ay .		Tubing Depth		
Perforations						······································		Depth Casing S	hos	
	T	UBING, C	ASIN	G AND	CEMENTI	NG RECOR	<u> </u>	<u> </u>	•	
HOLE SIZE CASING & TUBING, CASING AND CASING & TUBING SIZE				ZE	DEPTH SET			SAC	CKS CEMENT	
								Pot I D-2		
									11-15-91	
									PYA MA	
/ WD000 0 1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1								como Ato		
V. TEST DATA AND REQUES OIL WELL Test must be after to	T FOR A	LLOWAI	BLE				T			
DIL WELL (Test must be after red) Date First New Oil Run To Tank	covery of lot	al volume of	load oil	and musi	be equal to or	exceed top allo	wable for thi	s depth or be for	full 24 hows.)	
DESCRIPTION OF RUE TO TANK	Date of Tem	L			Producing Me	thod (Flow, pu	mp, gas lift, e	uc.)		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL							·		•	
Actual Prod. Test - MCF/D	Length of T	ost			Bols. Conden	MWCF		Gravity of Con-	(eneste	
1600 mcF	24 hr.									
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPI	IANO	TR.	<u> </u>					
I hereby certify that the rules and regula	ations of the (Dil Conserva	tion	-11	(DIL CON	ISERV	ATION D	VISION	
Division have been complied with and	that the inform	nation siven	above]					
is true and complete to the best of my a	cnowledge an	d belief.			Data	Annraus	<u>الا</u> ي	OV 8 19	0.1	
	_ 1				11 1218	Approve	u	0 13	J I	
THU WIT	را حد				11	44.0.0				
Signature	Such	<u> </u>			Ву_		NCINAL S	SIGNED BY		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

-5-91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Agent

Title 918-582-3855

Telephone No.

- 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.