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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rinergy, Minerals and Natural Resources Depa. ant

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

OIL CONSERVATION DIVISION APR - 3 1991

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

O. C. D. ARTESIA, OFFICE

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

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

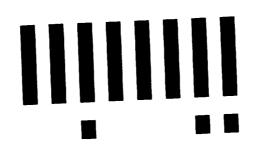
O Rio Brazos Rd., Aztec, NM 87410	REQUE	EST FO	R AL	LOWABL	E AND A	UTHORIZA URAL GAS)					
		O IDAN	ISPC	JITI OIL			1					
Bird Creek Resource							30-0	015-2206	<u> </u>			
810 South Cincinna	iti, su	ite 11	0 T	ulsa, OK	74119	(2)						
ason(s) for Filing (Check proper box)					Change	(Please explain effectiv	e 3-1-91	L				
ew Well		Change in 1	Transpo Dry Ga		(Roemer	~ purchas	ed well	from Ha	llwood			
completion ==	Oil Casinghead		Conder		in Fal	1, 1990)_						
hange in Operator XI	0:1				. #2750	, Denver,	CO 80	202				
d address of previous operator ROEII	er uii	CO. 1	373	Di Caaway	,	<u> </u>						
. DESCRIPTION OF WELL A	ND LEA	SE						Lease	Lea	se No.		
esce Name		Well No. Pool Name, Including 1 West Malaga				Lottimmon			Federal or Fee Fee			
Ogden "8" Com.												
ocation Unit letter H	, 2200)	Boot B	rom The No	orth Line	and 945	Fee	From The	East	Line		
Unit Letter	, ,					E,	ddy			County		
Section 8 Township	245		Range	28E	, Ni	MPM, CO	luy			_ County		
		05 0		NES BLATTER	DAT CAS							
II. DESIGNATION OF TRAN	SPORTE	or Coader	IL AI	TID IVA LUI	Address (Giv	e address to wh	ich approved	copy of this fo	rm is to be ser	u)		
Name of Authorized Transporter of Oil Enron Oil Trading & Tra	ansport			XX	P.O. B	ox 1188	Houston	, IX /:	2221-118	8		
Name of Authorized Transporter of Casing				y Gas XX		ne address to wh		copy of this fo	orm is to be set	u)		
El Paso Natural Gas					P.O. E	30x 1492			TX 79978			
If well produces oil or liquids,	Unit	Sec.	Twp.	•	Is gas actual	ly connected?	When	7-2-8	2			
give location of tanks.	<u> </u>	1 8	1249			Yes		1 2 0	<u> </u>			
f this production is commingled with that	from any of	iher lease of	pool,	give commingi	tag otoer aut							
IV. COMPLETION DATA		Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	1011 116	"	OUD 11.011	i	i	<u> </u>	<u> </u>	<u> </u>			
Date Spudded	Date Cor	npl. Ready	lo Prod	•	Total Depth			P.B.T.D.				
	<u>. </u>				Top Oil/Gai	. Day		Tubing Der	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing	Formati	ion	Tob Officer	ı rey		Tuoting Depair				
					1			Depth Casi	ng Shoe			
Perforations										· · · · · · · · · · · · · · · · · · ·		
		TURINO	7 CA	SING AND	CEMENT	ING RECO	RD					
HOLE SIZE	T	ASING &				DEPTH SE	Τ		SACKS CEMENT			
HOLE SIZE	- -	OAGING & TOSING GIS										
			W. DI	120								
V. TEST DATA AND REQUI OIL WELL (Test must be after	est for	(ALLU\	MADI	Lilli and oil and mu	i si he equal to	or exceed top a	illowable for i	his depth or b	e for full 24 h	ours.)		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of		ne oj ic	700 VII UI II II II	Producing	Method (Flow,	pump, gas lift	, elc.)	_			
Date till New Oil Knn to lank	Date of							100 110 610	Choke Size / 11.12-91			
Length of Test	Tubing	Tubing Pressure				Starte		Choke 312	Choke 3126 / 1/3-9/			
						ble		Gas- MC	Gas-MCF OP CAT-			
Actual Prod. During Test	During Test Oil - Bbls.			Water - B	OIS.							
GAS WELL					1500 000	deneste Andre		Gravity o	Condensale			
Actual Prod. Test - MCF/D	Length	Length of Test			Bols, Cot	Bbls. Condensate/MMCF						
	7555	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					•	_						
The same of the sa	ICATE	OF COL	ADI	IANCE					1 01/10	ION		
VI. OPERATOR CERTIF		Cibe Oil Co	nserval	tion	ill .	OIL CO	JNSEH	VATIO	N DIVIS	AON		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						APR 9 1991						
is true and complete to the best of t	my knowled	ige and beli	el.		ם	ate Appro	ved	MEN S				
<u> </u>	-	c			-	·						
5'M m. 9	Sunt	<u></u>		<u> </u>	- R	v nou	012.16141D	NED BY		, _		
Signature	Signature Rill M Rurks Agent					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Bill M. Burks				Tide	- ∥ -	Title SUPERVISOR, DISTRICT IT						
Printed Name 4-1-91		918		-3855	_ '							
Date			Telep	hone No.								

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

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

2) Entire the Sections I II III. and VI for changes of operator, well name or number, transporter, or other such changes.







Job separation sheet

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

C. U. ARFESTA, OFFICE

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRAN	ISPO	RT OIL A	ND NATL	JRAL GAS	;					
perator	 		Well AP									
Roemer Oil Compan	er Oil Company /						30-015-					
uddress 1675 Broadway, Su	d+a 2750 '	Denver	CO	80202								
16/5 Broadway, Su Reason(s) for Filing (Check proper to		PCHVEL,	, 00	00202	Other	Piease explain)					
lew Well	•	Change in T			- PEE	ective l	0/1/00					
Recompletion Fra	Oil	_	Dry Gas	_	LII	ecrive 1	011130					
hange in Operator	Casinghead		Conden			70111 D		CO 8023				
change of operator give name H	lallwood Pe	troleur	n, Ir	nc., P.C). Box 3	/8111, D	enver,	00 8023	01			
L DESCRIPTION OF WE	ELL AND LEA	SE							1 100	se No.		
ease Name		Well No. Pool Name, Including Formation					Kind of State, F	ederal or fee		2110		
Ogden 8 Com		1	Mala	iga West	: Atoka							
Location	. 220	00	East Err	om The N	Line	945	Fee	t.From The	E	Line		
Unit Lener H									•	County		
Section 8 To	waship 245		Range	28E	MM ,	PM, E	ddy					
II. DESIGNATION OF T	RANSPORTE	R OF OI	LAN	D NATUR	AL GAS			 _	L L			
Name of Authorized Transporter of	Oil	or Conden		Δ̈_	Address (Give	address to wh	ich approved	copy of this fo	rm & 10 be sei 77001	u)		
Permian				_	P. O. B	ox 1183.	Housto	n TX	rm is to be set	rs)		
Name of Authorized Transporter of			or Dry	Gas X	Address (Give	address to wh	Fl Dac	.о. ТХ	79978			
El Paso Nat		0. Sec.	Twp.	Roe	P. U. B		When), TX 79978			
If well produces oil or liquids, give location of tanks.	Unait H	, Ι		1 28E	Yes			7/2/82				
I this production is commingled wi	th that from any ot	her lease or										
V. COMPLETION DATA	1						1 5	Diva Dack	Same Res'v	Diff Res'v		
Designate Type of Compl	etion - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	1 1 10 R Deck	<u> </u>	<u>i</u>		
Date Spudded		pi. Ready to	Prod.		Total Depth			P.B.T.D.				
•					Top Oil/Gas	Pay		Tubing Der	oth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top On Oak	,							
Perforations					<u> </u>			Depth Casi	ng Shoe			
	TUBING, CASING AND				CEMENTI			1	SACKS CEMENT			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SE	<u> </u>	Pa	Part ID-3			
					1			10	10-12-90			
									in one op			
					ļ				_ /			
V. TEST DATA AND RE	QUEST FOR	ALLOW	ABL	E			11 Ll . d	hie dentk or h	e for full 24 hi	भट्ड.)		
OIL WELL (Test must b	e after recovery of	total volume	e of load	d oil and mus	1 be equal to a	or exceed top a Nethod (Flow,	nowable for the	, elc.)	- 10- 1	<u> </u>		
Date First New Oil Run To Tank	Pale First New Oil Run To Tank Date of Test				Frameig R	TORING (LION)	r					
i Length of Test Tubing Pre		Tessure			Casing Pres	sire		Choke Size				
Length of Tes	1 moint 1							Gas- MCF				
Actual Frod. During Test	Oil - Bbl	Oil - Bbls.		Water - Bb	is.		Gap- MCF					
GAS WELL						A A A		Contro	of Concensate			
Actual Prod. Test - MCF/D	Length o	Length of Test			Bbis. Cond	ensale/MMCF		Glavity of Constitution				
Taning Mahad fairs hash and	Tuhing	Tubing Pressure (Shut-in)			Casing Fre	ssure (Sout-in)		Choke 5	Choke Size			
ilesting Method (pilot, back pr.)			,									
VL OPERATOR CER	TIFICATE C	OF COM	PLI/	ANCE		0".00		VATIO!	N DIVIS	ION		
I hereby certify that the rules	and regulations of t	the Oil Cons	servatio	0		OIL CC	ンスクドス	VALIO	A DIAIO			
Division have been complied	with and that the in	nformation g	given ab	ove				OCT	5 1990			
is true and complete to the be	a of my knowledge	g and belief.	•		Da	ite Appro	ved					
Alin 8	"Din	ر د د د د د د د د د د د د د د د د د د د	-	~)			OBIOIN	AL CICAIC	אם מו			
Signature S. Fichardson					By ORIGINAL SIGNED BY MIKE WILLIAMS							
Holly S. Richardson Sr. Ops. Eng. Tech.					- }		SUPERVISOR, DISTRICT IT					
Holly S. Richar	dson Sr.	Ops. 1					SUPER'	VISOR. DI	STRICT I			
Holly S. Richar Printed Name 10/1/90		Ops. I	Titl	le		le	SUPER'	VISOR, DI	STRICT I			

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- 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.