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

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

SEP 23 1991

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc. ✓		Well API No. 30-015-23521
Address 810 South Cincinnati, Ste. 110 Tulsa, OK 74119		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" 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

II. DESCRIPTION OF WELL AND LEASE

*S. Culebra Bluff*

Lease Name Kimbley	Well No. 1	Pool Name, Including Formation <del>Undesignated</del> Bone Spring	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>G</u> : <u>1830</u> Feet From The <u>North</u> Line and <u>2060</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>23S</u> Range <u>28E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) Box 1188 Houston, TX 75251-1188					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline	Address (Give address to which approved copy of this form is to be sent) 1400 Smith Rd. Houston, TX 77251					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 21	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When? 1-11-82

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v	Diff Res'v X
Date Spudded --	Date Compl. Ready to Prod. 9-14-91		Total Depth -- <u>12,875</u>		P.B.T.D. 7300'			
Elevations (DF, RKB, RT, GR, etc.) 3026' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 6203'		Tubing Depth 2 3/8" @ 0-6150'			
Perforations 20 holes @ 6212-6231'					Depth Casing Shoe 9628'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20"	16"		0-490'		750, cmt. circ.			
14 3/4"	10 3/4"		0-2502'		2175, cmt. circ.			
9 7/8"	7 5/8"		0-9628'		1275, TOC @ 4487'			
6 1/2"	5"		9217-12,875'		400			

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 9-14-91	Date of Test 9-16-91	Producing Method (Flow, pump, gas lift, etc.) Swab and flow	
Length of Test 24 hr.	Tubing Pressure 400#	Casing Pressure NA	Choke Size 2" <i>comp BS</i>
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. 45	Gas - MCF 360

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

*Bill M. Burks*  
Signature  
Bill M. Burks Agent  
Printed Name  
Date 9-20-91 Telephone No. 918-582-3855

OIL CONSERVATION DIVISION

SEP 24 1991

Date Approved

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.