

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc. ✓	Well API No. 30-015-23895
Address 810 South Cincinnati, Suite 110 Tulsa, OK 74119	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> We request a testing allowable of 500 BO so that we may move produced oil out of frac tanks
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name RML Federal	Well No. 1	Pool Name, Including Formation Undesignated Delaware	Kind of Lease State, Federal or Fee	Lease No. Federal
Location Unit Letter M : 760 Feet From The South Line and 660 Feet From The West Line Section 26 Township 22-S Range 28-E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Company <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 2948, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. Frac tanks	Unit M Sec 26 Twp 22 Rge 28	Is gas actually connected? <input type="checkbox"/> When ? vented during test; currently, GTSTM to 90 MCFD
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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-11-92	Date Compl. Ready to Prod. 3-16-92	Total Depth Reentered to 6203'	P.B.T.D. 6183'					
Elevations (DF, RKB, RT, GR, etc.) 3082' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 6046'	Tubing Depth 6143'					
Perforations 34 holes @ 6046-6140'	Depth Casing Shoe 5.5" @ 6203'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature Brad D. Burks  
Printed Name Brad D. Burks Agent  
Date 3-23-92 Telephone No. 918-582-3855

OIL CONSERVATION DIVISION

Date Approved APR 8 1992

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.