

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

MAY 12 1992

O. C. D.
OFFICE

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

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, Oklahoma 74119
--

Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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

Lease Name RML Federal	Well No. 1	Pool Name, Including Formation Undesignated Delaware	Kind of Lease State (Federal) or Fee	Lease No. NM-67979
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 <input checked="" 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 79702-9990
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.	Unit M Sec. 26 Twp. 22S Rge. 28E Is gas actually connected? No; all gas used on lease When?

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 Reentry	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
26	20"	0-400'	Cmt. circulated
17.5	13.375"	0-2696'	Cmt. circulated
12.25	9.625"	2682 - 9797'	TOC @ 2682' By CBL
in 9.625" csg.	5.5"	0 - 6203'	TOC @ 2200', temp.

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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 3-16-92	Date of Test 4-13-92	Producing Method (Flow, pump, gas lift, etc.) Pump	Post ID-2 6-5-92 comp Ret
Length of Test 8 hr.	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 24 hr. extrapolated	Oil - Bbls. 90	Water - Bbls. 870	Gas - MCF 49

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 5-8-92 Title 918-582-3855
Telephone No.

OIL CONSERVATION DIVISION

MAY 25 1992

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.