Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico - Energy, Minerals and Natural Resources De ment

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 FRE 2 0 191 4

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

		-			LE AND A						
Operator	AND NATURAL GAS										
BK Exploration Corpora	30-015-2										
Address	CIOII						130-0	13-2303) - · · · · ·		
810 South Cincinnati,	Suite 1	10, Tu	lsa,	OK 74	4119						
Reason(s) for Filing (Check proper box)					Othe	x (Please expli	zin)				
New Weil	(Change in T	oqeaen'	rter of:						·	
Recompletion	Oil	_	Ory Ga								
Change in Operator	Casinghead		Conden				 		· · · · · · · · · · · · · · · · · · ·		
If change of operator give name and address of previous operator Bind	Creek R	lesourc	es,	Inc.,	1412 S. E	Boston,	Suite 55	O, Tulsa	a, OK 7	4119	
II. DESCRIPTION OF WELL A											
Lease Name	Well No. Pool Name, Including				- · · · · · · · · · · · · · · · · · · ·			Lease			
RML Federal		1 East Herra				dura Bend Delaware State, F			ederal or Fee NM_67979		
Location Unit Letter M	, 760	,	Peal Pr	om The _S	outh ,	660	Va.	et From The _	West	Line	
Section 26 Township	225			28E		r .1		st rioili life _		_	
			Range			MPM, Ea	<u> </u>		· · · · · · ·	County	
III. DESIGNATION OF TRANS		OF OII		D NATU		·····					
Name of Authorized Transporter of Oil Pride Pipeline Co.	Address (Giw	SE (Give address to which approved copy of this form is to be sent) BOX 2436, Abilene, TX 79604									
Name of Authorized Transporter of Casing											
ontinental Natural Gas, Inc.					P.O. Box 21470, Tulsa, OK 74121					ni)	
If well produces oil or liquids, give location of tanks.	Unit :	Sec. 1	Twp. Rge. Is gas actually connected? Whe 22S 28E Yes				When	9/92			
If this production is commingled with that f	rom any othe	r lease or p	ool, gi	ve comming!	ing order numi	ber:					
IV. COMPLETION DATA	·	,									
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Ros'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	 		P.B.T.D.	I			
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe		
								Depii Casii	iR 2006		
	TUBING, CASING AND					CEMENTING RECORD				 	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			25	SACKS CEMENT		
							PAT ID-3				
								3-11-94			
					ļ				Ix np		
V. TEST DATA AND REQUES	T FOD A	LLOWA	DIE		<u> </u>				0/		
					he equal to or	exceed ion all	louable for thi	e dansk av ha	for full 24 has	1	
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
	Date of Test							,			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbla.			Gas- MCF				
GAS WELL	L				<u> </u>			<u></u>			
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMCF	***************************************	Gravity of C	ondensale		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMP	TAN	JOE	1			1			
				NCE	\parallel	OIL COI	NSERV.	MOITA	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						J.L JUI	10 E 1 1 4 /			71 7	
is true and complete to the best of my k	nowledge and	d belief.		-	Dota	Annrous	ام	MAR 3	1994		
LOW:					Date	Approve	;u	· · ·	1007		
/Xel m											
Signature Nice President					By						
B. C. Kimmel Vice President Printed Name Title					SUPERVISOR, DISTRICT II						
1/19/94	((918) 5	82-3	3855	Title		 				
Date		<u> </u>	hone i		11						

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.