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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

RECEIVED

SEP 27 1992

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Bird Creek Resources, Inc.	Well API No. 30-015-25191
Address 810 South Cincinnati, Suite 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: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" 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 Skeen	Well No. 1	Pool Name, Including Formation Atoka	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>K</u> : <u>1750</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>28</u> Township <u>22-S</u> Range <u>27-E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Llano, Inc.	PO Box 1320 Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>28</u> Twp. <u>22-S</u> Rge. <u>27-E</u> Is gas actually connected? <u>WOPL</u> When? <u>--</u>

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	Gas Well <u>X</u>	New Well	Workover	Deepen <u>X</u>	Plug Back	Same Res'v	Diff Res'v <u>X</u>
Date Spudded 1-6-92	Date Compl. Ready to Prod. 1-22-92		Total Depth --		P.B.T.D. 11,183'			
Elevations (DF, RKB, RT, GR, etc.) 3154' KB	Name of Producing Formation Atoka		Top Oil/Gas Pay 10,486'		Tubing Depth 10,332'			
Perforations 1 spf, selectively, @ 10486 - 11,167'					Depth Casing Shoe 4" @ 12,018'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17.50	13.375	0-242	330, cmt. circ.
12.25	10.75	0-2037	1400 cmt. circ.
9.5	7.625	0-9076	800, TOC @ 6250'
6.5	5	8693 - 12,018'	375 sxs.

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 113	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 2400#	Casing Pressure (Shut-in) --	Choke Size 2"

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.

Brad D. Burks
Signature
Brad D. Burks Agent
Printed Name
2-18-92 Title
Date 918-582-3855
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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.