Well study

ubrnit 5 Copies
ppropriate District Office
ISTRICT I
O. Box 1980, Hobbs, NM 88240

ISTRICT II
O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

ACEIVED.

ISTRICT III		inta Fe, New Me	xico 87504-2088	÷ .	1.5			
00 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	•	LE AND AUTHO		O. C. D	s .		
erator	TOTRA	ANSPORT OIL	AND NATURAL	GAS 4	PINA DESIC	<u> </u>		
Bird Creek Resourc	es. Inc.			İ	-015-2519	1		
dress		Tulca OV	7/110		7.010 E010	******		
810 South Cincinna		, Tursa, UN	74119					
ason(s) for Filing (Check proper box) w Well		n Transporter of:	Other (Please o	ixplain)				
completion	Oil C	Dry Cas						
ange in Operator	Casinghead Gas	Condensate						
hange of operator give name address of previous operator								
DESCRIPTION OF WELI	AND LEASE							
ase Name	Well No.	Pool Name, Includis	ng Formation		of Lease	Le	ase No.	
Skeen	1	Atoka		State,	Federal or Fee	Fee		
cation	1750	Ç,	outh 1	980 _	h	Vest		
Unit Letter K	:	Feet From The	outh Line and 1	Pe	et From The		Lin	
Section 28 Towns	thip 22-S	Range 27-E	, NMPM,		Eddy	/	County	
DECICNATION OF TO A	NCDADTED AF	NE AND MATER	DAY CAS					
I. DESIGNATION OF TRA			RAL GAS Address (Give address)	to which approved	copy of this form	n is to be se	n()	
				oaa app. o.o	, sopy of me jorn		-,	
ame of Authorized Transporter of Cas	inghead Gas	or Dry Gas XX	Address (Give address			n is 10 be se	ni)	
Llano, Inc.			PO Box 1320					
well produces oil or liquids, e location of tanks.	Unit Sec.	Twp. Rge. 22-S 27-E	Is gas actually connecte WOPL	d? When	. ?			
his production is commingled with th							• • • • •	
. COMPLETION DATA		, poor, gave containing	_					
Designate Type of Completion	Oil We	eil Gas Well	New Well Workov	er Deepen	Plug Back S	ame Res'v	Diff Res'v	
nie Spudded		Dute Compl. Ready to Prod.		Total Depth		P.B.T.D.		
1-6-92	1-22-92	1-22-92				11,183'		
evations (DF, RKB, RT, GR, etc.)	1	Name of Producing Formation		Top Oil/Gas Pay 10,486		Tubing Depth		
3154 KB			10,400		10,332 Depth Casing Shoe			
1 spf,. selectivel	y, @ 10486 - J	11,167'				2,018'		
			CEMENTING REC	CORD	<u> </u>			
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. 800 , TOC @ 6250'		
9.5 6.5	7.625	7.625		0-9076 8693 - 12,018'		375 sxs.		
TEST DATA AND REQU		VABLE	0093 12	,010	1 3/3 3/3	•		
	er recovery of total volum	ne of load oil and mus	t be equal to or exceed to	p allowable for th	is depth or be fo	r full 24 hou	rs.)	
ate First New Oil Run To Tank	Date of Test		Producing Method (Flo	nw, pump, gas lift,	eic.)			
ength of Test	Tubing Pressure		Casing Pressure		Choke Size	Choke Size		
ctual Prod. During Test	Oil - Bbls.	·	Water - Bbis.		Gas- MCF			
		 	<u> </u>		<u>.l.</u>			
GAS WELL Iciual Prod. Test - MCF/D	Length of Test		Table Condentio A.S.	<u> </u>	Complied of Co	onder est s		
113	_	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
osting Method (pitot, back pr.)	1	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
back pressure	2400#	· ·				2"		
I. OPERATOR CERTIF	ICATE OF COM	IPLIANCE		ONOES:	/ATION: -		211	
I hereby certify that the rules and re	egulations of the Oil Con	servation	II OIL C	ONSERV	AHONL) S V C	אכ	
Division have been complied with a is true and complete to the best of a			MAY 2 0 1992					
•		•	Date Appr	oved		, 1302		
Brad D. Burk	in-		11 - フ	n//	6/1/1			
Sionatura			By	Vhl.	WNI	non		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Brad D.
Printed Name

2-18-92 Date

> 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Agent Title

918-582-3855

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 A) Separate Form C 104 must be filed for each exel in multiply completed wells