

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

AUG 03 '89

OIL CONSERVATION DIVISION

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

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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Santa Fe	
File	
Transporter	Oil
Operator	Gas

Operator Bird Creek Resources, Inc.	Well API No. 30-015-26121
Address 1412 S. Boston, Suite 550 Tulsa, Ok. 74119	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Request authorization to transport and sell Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> 950 bbls - casinghead gas MUST NOT BE Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> FLARED AFTER 9/15/89 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carrasco "14"	Well No. 1	Pool Name, Including Formation Undesignated Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter F : 1980 Feet From The North Line and 1880 Feet From The West Line Section 4 Township 23-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"/> Enron	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2267, 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.	Unit F	Sec. 14	Twp. 23	Rge. 28	Is gas actually connected? No	When? WOPL

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rec.	Off Res.
Date Spudded 5-15-89	Date Compl. Ready to Prod. 7-15-89		Total Depth 6420'		P.B.T.D. 6250'			
Elevations (DF, RKB, RT, GR, etc.) 2995.2'	Name of Producing Formation Delaware		Top Oil/Gas Pay 6086'		Tubing Depth 2 7/8" at 6086'			
Perforations 6086-6190', 54 holes					Depth Casing Shoe 5 1/2" at 6120'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		520'		550 Post FD-2			
7 7/8"	5 1/2"		6420'		1245 9-15-89			
	2 7/8"		6200'		comp + BH			

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 6-14-89	Date of Test 6-14-89	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 2-1	Tubing Pressure 975	Casing Pressure	Choke Size 16/6-1
Actual Prod. During Test 469	Oil - Bbls. 439	Water - Bbls. 30	Gas - MCF 550

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
H. Ric Hedges
Printed Name
7-31-89
Date
Vice-President
Title
918-582-4242
Telephone No.

OIL CONSERVATION DIVISION

AUG 31 1989

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.