Sobmit 5 Copies Appropriate District Office <u>DISTRICTJ</u> P.O. Box 1980, Hobbs, NM 88240	State of New Mexico <b>FECE: Fogg</b> y, Minerals and Natural Resources Department					!	Form C-104 Revised 1-1-89 See Instructions
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION OCT 19'89 P.O. Box 2088						at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Jaila r	e, New M	fexico 8750				Ŭ
1.	ARTESIA, OFFETRANSP	LLOWA	BLE AND A	UTHOR	IZATION		
Operator	/				Well	API No.	
Bird Creek Resource			······································		3	0-015-2612	21
	ce. 550, Tulsa, Ol	c. 741	.19		•		
Reason(s) for Filing (Check proper box) New Well			Othe	t (Please exp	lain)		
Recompletion	Change in Transp Oil Dry G						
Change in Operator	Casinghead Gas 🔊 Conde						
If change of operator give name and address of previous operator					_ • • • • • • • •		
II. DESCRIPTION OF WELL	AND LEASE						
Lease Name	Well No. Pool N	lame, Includ	ing Formation		Kind	of Lease	Lease No.
Carrasco "14"	1	Wildca	t Delawa	re	State,	Federal or Fee	Fee
Location Unit Letter F	: 1980 Feet F				_		
			North Line	and <u>188</u>	0 Fe	et From The <u>W</u> E	stline
Section 14 Townsh	nip 23S Range	28E	, NM	PM, Ed	dy		County
III. DESIGNATION OF TRAI Name of Authonized Transporter of Oil	NSPORTER OF OIL AN	ID NATU	RAL GAS				<b>4</b>
Amoco Corporation						copy of this form Land, Tx.	
Name of Authorized Transporter of Casin		Gas 🛄	Address (Give	address to w	hick approved	copy of this form	79702
Continental Natural (			P.O.	Box 21		Tulsa, Ok	
is well produces of or liquids, give location of tanks.	Unit Sec. Twp. F 14 23S	1	is gas actually	connected?	When		
If this production is commingled with that IV. COMPLETION DATA			ling order numbe	ar:	9,	/28/89	
Designate Type of Completion	1 - (X)	Gas Well	New Well	Workover	Deepen	Plug Back  San	e Resiv Dill Resiv
Date Spuddid 5/15/89	Date Compl. Ready to Prod. 7/15/89		Total Depth 6420'	·	<b></b>	P.B.T.D 6250'	
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pa			Tubing Depth	
2995.2' Perforations	Delaware		6086'			6200'	
6086' - 6190'						Depth Casing Sh 6420'	De
	TUBING, CASI	NG AND	CEMENTIN	G RECOR	D	0420	
HOLE SIZE	CASING & TUBING	SIZE	DEPTH SET		SACKS CEMENT		
7-7/8''	8-5/8'' 5'''		520+		550	Post ID - 3	
	2-7/8"		6420 6200		1245	10-22-89 Add GT	
V. TEST DATA AND REQUE	.,-	$\rightarrow$					
OIL WELL (Test must be after	SI FOR ALLOW ABLE recovery of lotal volume of load	nil and mus	he equates as a	-cood can all.			
Date First New Oil Run To Tank	Date of Test		Producing Met	ed (Flow, pu	mp, gas lift, e	acpin or be jor ju ic.)	Post ID-3
Length of Test		<u>_</u>		$\geq$			11-3-89
4	Tubing Pressure		Casing Pressure			Choke Size	chq LT:EOT
Actual Prod. During Test	OII - Bbia.		Water - Bbla			Gas- MCF	
CASWELL			l			$\sum$	
GAS WELL Actual Prod. Test - MQF/D	Length of Test		Bbis. Condensa	e/MMCF		Gravity of Cood	Braie
Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)				
	ruoing ricaure (Sour-m)		Casing Pressure	: (Shut-in)		Choke Size	
VI. OPERATOR CERTIFIC	CATE OF COMPLIAN	ICE	<u>ار</u>	·····		l	
I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						AAT 9 0 1000	
.      /	/		Date /	Approve	d	<b>OCT</b> 3 0	1983
- LI IVIA							
	<1				0010111		27
Signature			Ву			L SIGNED B	Y
Signature <u>H.RIC HEDCES</u> Printed Name	VICE PRESIDENT				MIKE W!	LZAMS	
Signature H.RIC HEDGES			By Title		MIKE W!		

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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 Request for anowable for newly unlied of deepened well must be accompanied by methods of methods and with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filled for each pool in multiply completed wells.

## OIL CONSERVATION DIVISION

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Hobbs P.O. Box 19 Hobbs, N.M. 8			1000 Rio Brazos Aztec, N.M. 87410				
NOTICE OF GAS WELL:	CONNECTION X RE	CONNECTION	DISCONNECTION				
This to notify the	0il Conservation Divis	ion of the follow	ving:				
Connection	First Deliver	y 9-25.89 Date	Initial Potential				
Reconnection	First Deliver	y Date :	Initial Potential				
Disconnection	·						
for delivery of gas	from the BIRD CRE	Operator	14				
	BIRD CREE	<u>K CARRA SCO</u> Lease	<del>CPD</del> #1				
68-313 02 77	7 <u>4</u> -# 1 Code Well No.	F Init letter	<u>14-23-28</u> S-T-R				
	(EDOYCO) BONE						
was made on <u>9-25-</u> D	<u>87</u> . ate						
AOF							
Choke	<u>El Paso Natural Gas Company</u> Transporter						
**************************************	* * * EDT *	Russell D. Senior Gas Representative OMMS. Representative	Controller Name/Title Bolling				
Ra Te Op Ja Jo Jo Ne	to the appropriate di y McClureProduction d SawyerGas Purchas erator mes MidkiffJal hn SomerhalderSouth e WarrenEunice Fi vin FosterCarlsbad le	Control M/O es M/O Region Midland 1	l Div.				

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