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

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

State of New Mexico Ene. 61, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

NOV 9- '89

DISTRICT III		Sa	inta F	e, New N	Mexico 8750	14-2088		O. C.	D		
000 Rio Brazos Rd., Aztec, NM 87410					BLE AND			ARTESIA,			
•		TO TRA	<u>ANSF</u>	PORT O	IL AND NA	TURAL GA					
Operator						Well A			IPI No.		
Bird Creek R	esour	ces,	Inc	<u>. </u>			L				
Address	nainn	-+·		mula.	a, Okla.	74119	.				
810 South Ci Reason(s) for Filing (Check proper box)	петпп	atı		Tuiso		er (Please expla					
New Well		Change in	n Transı	porter of:		•		1 1 - 1 -	6 10	00 1-1-1-	
Recompletion	Oil		Dry (_	st testi	_				
Change in Operator	Casinghe	ad Gas	n -	ensate 🗌	TOT NO	vember,	1909	Peri	L 60//-	0103	
f change of operator give name					A	****		ATTACK TO THE TAXABLE PARTY OF THE TAXABLE PARTY OF THE TAXABLE PARTY OF T	W. A.A.		
nd address of previous operator		 								•	
I. DESCRIPTION OF WELL	AND LE										
Lease Name		4	Pool	/	ding Formation	\ /	State	of Lease Federal or Fe		ease No.	
RGA		2	un	d, L_1	Lovery 1.	elawar	e om,				
Location	_	0.0				2006					
Unit Letter N	_ :9	90	_ Feet	From The	S Lin	e and <u>2080</u>) Fe	et From The	W	Line	
Section 1.4 Township	23-S		Rano	e 28-	6 N	мрм,	Edo	dy		County	
octube 14 Townsen	23-3		- Kank	20	914	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				County	
II. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND NAT	URAL GAS						
Name of Authorized Transporter of Oil		or Conde	nsate		Address (Giv	ve address to wh	ich approved	copy of this f	form is to be se	ent)	
Pride Pipeline Co.	Pride Pipeline Co.					P. O. Box 2436, Abilene, Tx.79604					
Name of Authorized Transporter of Casinghead Gas or D					· 1	ve address to wh	ich approved	copy of this f	form is to be se	ent)	
***			_,			nestnut					
If well produces oil or liquids,	Unit	Sec.	Twp.		I -	y connected?	When	?			
ve location of tanks. N 14 23S 28E						· · · · · · · · · · · · · · · · · · ·					
f this production is commingled with that in V. COMPLETION DATA	from any ot	her lease or	r pool, g	give commi	igling order num	ber:	***************************************				
		Oil Wel	ıı	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ	İ		i	İ	İ	j	İ	j	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
									-6		
	•	TUBING	CAS	ING AN	D CEMENTI	NG RECOR	D	<u>-!</u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
	Orienta a Tobilità dizz										
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r			e of loa	d oil and m					for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of T	est			Producing M	lethod (Flow, pu	mp, gas lift, i	elc.)			
					Contraction	Coning Parameter			Choke Size		
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			CHOKE SIZE		
Actual Prod. During Test	Oil - Bbls.				Water - Rhis	Water - Bbis.			Gas- MCF		
record from waiting foot					2.016						
CACAMELI	<u> </u>				. 1						
GAS WELL Actual Prod. Test - MCF/D	l annih ci	Test			Dhia Casa	ncate/MMCE		Gravity of	Condencete		
MULLAL FIOL 1681 - MICF/D	Length of Test				Dois. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Snut-in)			Choke Size		
· · · · · · · · · · · · · · · · · · ·		(-3			3						
VI. OPERATOR CERTIFIC	ATE O	F COM	PI IA	NCF	<u> </u>						
I hereby certify that the rules and regul						OIL CON	ISERV.	ATION	DIVISIO	NC	
Division have been complied with and that the information given above											
is true and complete to the best of my	knowledge :	and belief.			Date	e Approve	d	NOV 1	5 1989		
					11						

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

915-687-0323

W

11-7-89

Printed Name

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.

SUPERMISOR, DISTRICT H

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

dent

Title

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