## Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 24 '91

CISF

REQUEST FOR ALLOWABLE AND AUTHORIZATION. C. D. TO TRANSPORT OIL AND NATURAL GAS Operator Bird Creek Resources, Inc. 30-015-26182 Address 810 South Cincinnati, Suite 110 74119 Tulsa, Oklahoma Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Change Effective: 2-1-91 N Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Lease Name Well No. Lease No. East Loving Delaware State, Federal or Fee Fee RGA Location 990 Feet From The South Line and \_ West Feet From The Unit Letter . Eddy 235 28E 14 Township NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Enron Oil Trading & Trans. Houston, TX 75251-1188 P.O. Box 1188 Co. Address (Give address to which approved copy of this form is to be sent)

BOX 1492, El Paso, TX 79978 Name of Authorized Transporter of Casinghead Gas XX or Dry Gas [ Box 1492, E1 Paso, Unit If well produces oil or liquids, Soc. Twp Rge. 28E Is gas actually connected? When? give location of tanks. 235 14 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Diff Res'v Plug Back | Same Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth-Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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 lyi, etc.) Length of Test Casing Pressure Choke Size Tubing Pressure Gas- MCF Actual Prod. During Test Oil - Bbls. Water - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size l'esting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 2 9 1991 is true and complete to the best of my knowledge and belief. Date Approved .

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

Signatur

Date

8 Bill

Printed Name 23-91

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Burks

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

By\_

Title

ORIGINAL SIGNED, BY

SUPERVISOR, DISTRICT IS

MIKE WILLIAMS

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

Agent

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.