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

State of New Mexico gy, Minerals and Natural Resources Departme

RECE

Form C-104

OIL CONSERVATION DIVISION

P.O. Box 2088

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IVED	Revised 1-1-89 See Instructions at Bottom of Page			
5 19	91	1.		

Printed Name

7-2-91 Date

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

Santa Fe, New Mexico 87504-2088

DISTRICT III		Sai	na re,	New Mi	exico 8/30	14-2088		O. C. D).		
1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORIZ		ARTESIA, OF	けに		
I. Operator		<u>FO TRA</u>	NSPC	ORT OIL	AND NA	TURAL GA		IPI No.			
Bird Creek Resources	s, Inc.					***	1	0-015-26182			
810 S. Cincinnati, S	uite 11	0 -	Tulsa	, OK	74119						
Reason(s) for Filing (Check proper box) New Well		~	π		Oth	es (Please expla	in)				
Recompletion	Oil	Change in	Dry Gas		Effecti	ve: 6-5-9	91				
Change in Operator		d Gas 🔯					-				
If change of operator give name and address of previous operator							*		*****		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name RGA		Well No.			ng Formation ng Delaw	are		of Lease Federal or Fee	Fee	ease No.	
Location	l								1.00		
Unit Letter N	_ :99	0	Feet Fro	om The _S	outh Lin	e and	Fe	et From The	West	Line	
Section 14 Townshi	_{ip} 23S		Range	28E	, NI	_{MPM,} Eddy	<u>/</u>			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	L ANI	NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	sale		Address (Giv	e address to wh	ich approved	copy of this for	m is to be se	nt)	
Name of Authorized Transporter of Casin Transwestern Pipelin						e address to wh	which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.							
If this production is commingled with that	from any orb	14	235	28E						·	
IV. COMPLETION DATA	nom any our	er reside of	pool, givi	e countitue	ing order num	ber:				· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completion	- (X)	Oil Well	l G	ias Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations				<u> </u>			Depth Casing Shoe				
	т	TIRING	CASIN	IC AND	CEMENITI	NC DECOR					
HOLE SIZE		SING & TU			CEMENTING RECORD DEPTH SET			SACKS CEMENT			
					DEFIN SET			SACKS CEMENT			
	 					-	•				
	 	· · · · · · · · · · · · · · · · · · ·									
V. TEST DATA AND REQUES OIL WELL (Test must be after t					L			<u>.l</u>			
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes	ial volume o	of load o	il and must	be equal to or	exceed top allo	wable for this	s depth or be for	full 24 how	rs.)	
	Dute of Tes	.			Freducing Me	ethod (Flow, pu	mp, gas iyi, e	ic.)			
Length of Test	Tubing Pres	ssure		***	Casing Pressu	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL								<u> </u>		······································	
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Conden	sate/MMCF		Gravity of Co	ndensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOR OFFI	<u> </u>				ļ						
VI. OPERATOR CERTIFIC				CE	ے ا		SEDV	ATION D	WASIC	\	
I hereby certify that the rules and regul- Division have been complied with and	that the inform	mation give	ation n above				OER V		101010	ИV	
is true and complete to the best of my l	knowledge an	d belief.			Data	Annroyee	m:	0 9 1991	ļ		
Brad D. Buche for BMB					Date Approved						
Signature Such	- for BMB				II BY MIKE WILLIAMS						
<u>Bill M. Burks</u>	Agent				SUPERVISOR, DISTRICT IT						

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

Title _____

SUPERVISOR, DISTRICT IT

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

Agent

918-582-3855 Telephone No.

Title

- 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 root in multiply completed wells