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

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

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

State of New Mexico  
Encl Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

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

CLSF  
WT  
GT  
OP

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc.	Well API No. 30-015-26322 <b>RECEIVED</b>
Address 1412 S. Boston, Ste.550, Tulsa, Ok. 74119	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	<input type="checkbox"/> Other (Please explain) <b>JUN 28 '90</b> <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Siebert	Well No. 1	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>A</u> : <u>535</u> Feet From The <u>North</u> Line and <u>535</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>23S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> 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"/> Amoco	Address (Give address to which approved copy of this form is to be sent) PO Box 1725, Midland, Tx. 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern	Address (Give address to which approved copy of this form is to be sent) PO Box 2018, Roswell. NM. 88201					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 15	Twp. 23S	Rge. 28E	Is gas actually connected? <u>No</u> <u>yes</u>	When? <u>8-17-90</u> <u>Est. 7-17-90</u>
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-20-90	Date Compl. Ready to Prod. 6-14-90		Total Depth 6219'		P.B.T.D. 6182'			
Elevations (DF, RKB, RT, GR, etc.) 3001' KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 6032'		Tubing Depth 6010'			
Perforations 6059' - 6131'					Depth Casing Shoe 6184'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 510'		SACKS CEMENT 350sx Cl 'C'			
7 7/8"	5 1/2"		6219'		Stg.1 800sx 50/50 Poz + 150sx Cl 'H'			
					Stg.2 1000sx Lite +100sx Cl 'C'			

### 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 6-14-90	Date of Test 6-16-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 1500#	Casing Pressure 1210#	Choke Size 16/64" <u>comp + BH</u>
Actual Prod. During Test	Oil - Bbls. 295	Water - Bbls. 44	Gas- MCF 385

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Bill M. Burks  
Printed Name Bill M. Burks Agent  
Date 6-22-90 Telephone No. 918-582-3855

### OIL CONSERVATION DIVISION

Date Approved AUG 2 0 1990

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.