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J. Drawer DD, Artesia, NM 88210

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00 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, 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

MAY 17 1990

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

Operator Bird Creek Resources, Inc.	Well API No. 30-015-26328
Address 1412 S. Boston, Ste. 550, Tulsa, Ok. 74119	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Trachta	Well No. 1	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 14 Township 23S Range 28E, NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Corp.	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"/> El Paso Natural	Address (Give address to which approved copy of this form is to be sent) Box 1492, Midland, Tx. 79978					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 14	Tw. 23S	Rge. 28E	Is gas actually connected? <del>No</del> Yes	When? 31 5-31-90
If this production is commingled with that from any other lease or pool, give commingling order number:						

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-21-90	Date Compl. Ready to Prod. 5-10-90		Total Depth 6200'		P.B.T.D. 6158'			
Elevations (DF, RKB, RT, GR, etc.) 3003' KB 2995' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6049'		Tubing Depth 5950'			
Perforations 6049-6149' (2SPF)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 500'		SACKS CEMENT 350 sx Cl C			
7 7/8"	5 1/2"		6200'		1st stg 750 sx 50-50 Poz & 200 sx Cl H			
					2nd stg 1200 sx Lite & 50 sx Cl C			

VI. 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 5-10-90	Date of Test 5-14-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 12 hours	Tubing Pressure 790 psi	Casing Pressure 1360psi	Choke Size 19/64"
Actual Prod. During Test	Oil - Bbls. 254	Water - Bbls. 128	Gas - MCF 800

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

VII. 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 Agent  
Printed Name Bill M. Burks Title  
Date 5-14-90 Telephone No. 918-582-3855

OIL CONSERVATION DIVISION

Date Approved MAY 31 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 multiple completed wells