

Submit 5 Copies
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
Energy, Minerals and Natural Resources Department

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

RECEIVED

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

SEP 21 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.
TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE

Operator Bird Creek Resources, Inc. ✓		Well API No. 30-015-26329
Address 810 S. Cincinnati, Suite 110 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"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Trachta	Well No. 2	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter E	: 1980'	Feet From The North	Line and 660'	Feet From The West Line
Section 14	Township 23-S	Range 28-E	NMPM, Eddy	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Amoco	PO Box 1725, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso	PO Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 14	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When? 9-13-90

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-24-90	Date Compl. Ready to Prod. 9-14-90		Total Depth 6222'		P.B.T.D. 6173'			
Elevations (DF, RKB, RT, GR, etc.) 3011' KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 6042'		Tubing Depth 5985'			
Perforations 6072-6133'					Depth Casing Shoe 6222'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		514'		310 sxs., cmt. circ.			
7 7/8	5 1/2		6221'		1490 sxs, TOC @ 310'			
	2 7/8		5985'		Post ID-2			
					10-6-90			
					comp & BR			

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 9-13-90	Date of Test 9-14-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 6 hrs.	Tubing Pressure 1250#	Casing Pressure 1475#	Choke Size 12/64"
Actual Prod. During Test 60 BOPD	Oil - Bbls. 60 240 BOPD	Water - Bbls. 0	Gas - MCF 112 MCFPD

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.

Bill M. Burks
Signature
Bill M. Burks Agent
Printed Name
9-14-90 **918-582-3855**
Date Telephone No.

OIL CONSERVATION DIVISION

SEP 28 1990

Date Approved
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.

Submit to Appropriate
District Office
State Leases - 6 copies
Fee Lease - 5 copies
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
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-83

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Bof

SEP 21 '90

WELL API NO.	30-015-26329
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

WELL COMPLETION OR RECOMPLETION REPORT AND LOG		C. D.	
1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____		ARTESIA, OFFICE	
b. Type of Completion: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DEEP REPAIR <input type="checkbox"/> OTHER _____		7. Lease Name or Unit Agreement Name Trachta	
2. Name of Operator Bird Creek Resources, Inc. /		8. Well No. 2	
3. Address of Operator 810 S. Cincinnati, Suite 110 Tulsa, OK 74119		9. Pool name or Wildcat East Loving Delaware	
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>14</u> Township <u>23-S</u> Range <u>28-E</u> NMPM <u>Eddy</u> County			
10. Date Spudded 8-24-90	11. Date T.D. Reached 9-4-90	12. Date Compl. (Ready to Prod.) 9-14-90	13. Elevations (DF & RKB, RT, GR, etc.) 3011' KB
14. Elev. Casinghead 2998'			
15. Total Depth 6222'	16. Plug Back T.D. 6173'	17. If Multiple Complet. How Many Zones?	18. Interval Drilled By Rotary Tools Grace Cable Tools
19. Producing Interval(s), of this completion - Top, Bottom, Name Delaware @ 6042-6134'			20. Was Directional Survey Made Yes
21. Type Electric and Other Logs Run GR-CNL-ZDL, GR-DLL-MLL-CAL			22. Was Well Cored Yes

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	XXXXXXXXXXXX
8 5/8	24	514'	12 1/4	310 sx. "C"	cmt. circ.
5 1/2	15.5	6221'	7 7/8	#1: 700 sx 50-50 Poz H + 200 sx "C"	
				#2: 490 sx Lite + 100 sx "C"	DV @ 3101' TOC @ 310'

24. LINER RECORD				25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2 7/8	5985'
						N/A

26. Perforation record (interval, size, and number)
1 spf @ 6072-79, 90-94, 6101-18, and
6131-33' (34 holes)

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
6072-6133'	1500 g. 7 1/2% acid
	15,000 g. 30# XL gel
	44,000# 20-40 & 16-30 sand

28. PRODUCTION

Date First Production 9-13-90		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing				Well Status (Prod. or Shut-in) Producing	
Date of Test 9-14-90	Hours Tested 6	Choke Size 12/64"	Prod'n For Test Period	Oil - Bbl 60	Gas - MCF 112	Water - Bbl 0	Gas - Oil Ratio 1867
Flow Tubing Press. 1250#	Casing Pressure 1475#	Calculated 24-Hour Rate	Oil - Bbl 240	Gas - MCF 448	Water - Bbl 0	Oil Gravity - API - (Corr.) 42.5	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)
Sold

Test Witnessed By
Keith Norvell

30. List Attachments
Electric logs & deviation survey

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Bill M. Burks Printed Bill M. Burks 918-582-3855 Agent 9-14-90
Name _____ Title _____ Date _____

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in triplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

T. Anhy 500'
T. Salt 563'
B. Salt 2550'
T. Yates _____
T. 7 Rivers _____
T. Queen _____
T. Grayburg _____
T. San Andres _____
T. Glorieta _____
T. Paddock _____
T. Blinberry _____
T. Tubb _____
T. Drinkard _____
T. Abo _____
T. Wolfcamp _____
T. Perm _____
T. Cisco (Bough C) _____

T. Canyon _____
T. Strawn _____
T. Atoka _____
T. Miss _____
T. Devonian _____
T. Silurian _____
T. Montoya _____
T. Simpson _____
T. McKee _____
T. Ellenburger _____
T. Gr. Wash _____
T. Delaware Sand 2588'
T. Bone Springs 6147'
T. _____
T. _____
T. _____
T. _____

Northwestern New Mexico

T. Ojo Alamo _____
T. Kirtland-Fruitland _____
T. Pictured Cliffs _____
T. Cliff House _____
T. Menefee _____
T. Point Lookout _____
T. Mancos _____
T. Gallup _____
Base Greenhorn _____
T. Dakota _____
T. Morrison _____
T. Todilto _____
T. Entrada _____
T. Wingate _____
T. Chinle _____
T. Permian _____
T. Penn "A" _____

T. Penn. "B" _____
T. Penn. "C" _____
T. Penn. "D" _____
T. Leadville _____
T. Madison _____
T. Elbert _____
T. McCracken _____
T. Ignacio Otzte _____
T. Granite _____
T. _____
T. _____
T. _____
T. _____
T. _____
T. _____
T. _____
T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from _____ to _____
No. 2, from _____ to _____
No. 3, from _____ to _____
No. 4, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet
No. 2, from _____ to _____ feet
No. 3, from _____ to _____ feet

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
0	95'	95'	Alluvium & dolomite				
95	500'	405'	Dolomite				
500	2550'	2050'	Dolomite, Anhyd., Salts				
2550	2588'	38'	Limestone				
2588'	6147'	3559'	Sand, shale, and limes				
6147	TD	75'	Lime				