Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico E y, Minerals and Natural Resources Departn

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

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

Operator

DECLIECT FOR ALL CLASS
REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT
TO TRANSPORT OIL AND NATURAL GAS
THE TOTAL CAS

7 (7			Well API No.		
BIRD CREEK	KESOURC	ES. /N	ϵ		5-26330	
		*		1 30-01	5-20>30	
1412 S. BOSTON	V STE. S	50 11	LSA, OK. 7	2112		
			REGISTURIAse explain)	711		
New Well	Change in	Transporter of:	(Means explain)	•	:	
Recompletion		Dry Gas		•	·	
Change in Operator	Casinghead Gas					
f change of operator give name	Cangillan Uas	Concentate	<u>May 25 '90</u>			
and address of previous operator						
T DESCRIPTION OF MELT	4375		C. C. D.			
II. DESCRIPTION OF WELL Lease Name			SOTECIA CIENCE		•	
	Well No.	Pool Name, Includi	ng Formation	Kind of Lease	-	
IELEDYNE	2		EVING DELAWARE	State, Federal or	Eese No.	
Location			THE CONTROLLER		FEE FEE	
Unit Letter	:_ <i>660</i>	N	1. 2-4		•	
		. red from The	CRIH Line and Lobe	Feet From Th	e_WEST line	
Section 14 Township	235		_			
		Range 25	E, MMPM, ED	DY	County	
III. DESIGNATION OF TRAN	SPODTED OF O	II ANID NA GOVE				
Name of Authorized Transporter of Oil	STORIER OF U	L AND NATU	RAL GAS			
AMOCO CORP	or Conden		Address (Give address to which	approved copy of thi	s form is to be sent)	
Name of Authorized Transport			PUBX 1725, 11	MIDLAND	Tx. 79702	
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas	Address (Give address to which	approved come of the	1x, 79702	
	IZAL .		Bex 1492, M.	S A A L	Jorn is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?		1x, 79978	
	16 114	17261 206	Y	When ?	3	
f this production is commingled with that i	from any other lease or	DOOL give comminati	1 12 12 3		雪-90	
V. COMPLETION DATA	•	Poor, Bre continuing:	ing order number:			
	Oil Well	1 0 111 11				
Designate Type of Completion		Gas Well	New Well Workover I	Deepen Plug Bac	k Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to			1		
_ 5-6-90	3		Total Depth	P.B.T.D.		
	5-2+	- 90	6187		137	
7991' N. D. T. C.	Name of Producing Fo	imation	Top Oil Gas Pay	Tubing D		
2991' KB 2483 GR	DELA	WARE	6010 6014	, lubing D		
-			0011		910	
6014-6096					sing Shoe	
	TURING	CASING AND	CEMENTING RECORD		6137	
HOLE SIZE	CASING & TU	IDING CITE				
12 1/4"	CASING & TO	BING SIZE	DEPTH SET		SACKS CEMENT	
7 7/00	+ 3 · 3	7/8"	500	350	sx CI C	
	<u></u>	1/2"	w187'	150 64	6 675 5x 50-50	
				D	7 W13 3K 30-50	
I TELECOTE IN A TELE	27/8	~	5910	POZ	2nd STG 10005X	
. TEST DATA AND REQUES	T FOR ALLOWA	ABLE			+ 505x C/C	
OIL WELL (Test must be after re	covery of total volume.	of load oil and must	be equal to or exceed top allowab			
	Date of Test		Proticing Mathed (T)	ie for this depth or t	pe for full 24 hours.)	
5-24-90	5-25-	90	Producing Method (Flow, pump,	gas lift, etc.)	Post FP-2	
ength of Test	Tubing Pressure		FLACING		6-1-90	
4 HZS	1 -	ا برج	Casing Pressure	Choke Siz	ie is compt-13th	
Actual Prod. During Test	1310	PS1	Bio Psi	1 14	164	
a) 1/	Oil - Bbls.		Water - Bbls	Gas- MC		
27	/_	264	サッ リ	_	148 888	
GAS WELL					1 8 8 8 8 8	
Actual Prod. Test - MCF/D	Length of Test					
			Bbls. Condensate.MMCF	Gravity o	Condensale	
esting Method (pitot, back pr.)	Table 5				i	
The state of the s	Tubing Pressure (Shut-	·ID)	Casing Treasure (Shut-in)	Choke Si	7A	
I. OPERATOR CERTIFICA	ATE OF COMP	LIANCE				
I hereby certify that the rules and regula	vices of the OU.C.	LIMINCE	OII CONC		15040.0	
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 but the						
The second of the k	AUTHORE AND DELICE.		Date Approved	MAY 3	1 1990	
P. 11 14.	≥ 0		Lare Whhinned	I I I		
- Du M. Durku						
Signature BILL IVI. BILBIS S. ANCOLO BY ORIGINAL SIGNED BY					BY .	
			MAIK	MIKE WILLIAMS		
Printed Name			Title SUPERVISOR, DISTRICT IT			
Date 1.5 232 3375					TIMOTIE	
		phone No.				
INCTIPUOTIONS TO	with the second of the second	Actes to the world way				

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
- 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