

OIL CONSERVATION DIVISION

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

RECEIVED

AUG - 9 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

C. I. D.

|   |                              |
|---|------------------------------|
| Operator<br>Bird Creek Resources, Inc. ✓  | Well API No.<br>30-015-26331 |
| Address<br>1412 South Boston, Suite 550, Tulsa, OK 74119  |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Filed in accordance with OCD Order No.<br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> R-9501-B |                              |

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                  |
|--|---------------|---|--|------------------|
| Lease Name<br>RGA  | Well No.<br>3 | Pool Name, including Formation<br>East Loving Brushy Canyon | Kind of Lease<br>State, Federal or Fee | Lease No.<br>Fee |
| Location<br>Uti Letter M 760 Feet From The South Line and 760 Feet From The West Line<br>Section 14 Township 23 South Range 28 East NMPM Eddy County |               |   |  |                  |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |            |             |             |                                   |                 |
|---|---|------------|-------------|-------------|-----------------------------------|-----------------|
| Name of Authorized Transporter of Oil<br>(1) Pride Pipeline Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>(2) EOTT Energy, Inc. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2436, Abilene, TX 79604<br>P.O. Box 4666, Houston, TX 77210-4666 |            |             |             |                                   |                 |
| Name of Authorized Transporter of Casinghead Gas<br>Transwestern Pipeline <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>                   | Address (Give address to which approved copy of this form is to be sent)<br>1400 Smith Road, Houston, TX 77251  |            |             |             |                                   |                 |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>N   | Sec.<br>14 | Twp.<br>23S | Rge.<br>28E | Is gas actually connected?<br>Yes | When?<br>9/3/90 |

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                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Rec'v | Diff Rec'v |
| Date Spudded                        | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Elevations (DP, RKB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Perforations                        |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| TUBING, CASING AND CEMENTING RECORD |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/M/MCF    | 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  
H. Ric Hedges President

Printed Name  
7/23/93  
Date  
(918) 582-7713  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 11 1993

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.