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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
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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 25 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Bird Creek Resources, Inc.	Well API No. 30-015-26448
Address 810 S. Cincinnati, Suite 110, Tulsa, Ok. 74119	
Reason(s) for Filing (Check proper box) 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 Caviness-Paine	Well No. 2	Pool Name, including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter P : 760 Feet From The South Line and 630 Feet From The East Line Section 15 Township 23S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1725, Midland, Tx. 79702				
Name of Authorized Transporter of Casinghead Gas El Paso	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Tx. 79978				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 15	Twsp. 23S	Rge. 28E	Is gas actually connected? no yes	When? 9-28-90

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-6-90	Date Compl. Ready to Prod. 9-21-90		Total Depth 6300'		P.B.T.D. 6261'			
Elevations (DF, RKB, RT, GR, etc.) 3008' KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 6070'		Tubing Depth 6035'			
Perforations 6076-6181' (2SPF - 46 holes)					Depth Casing Shoe 6300'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		522'		310			
7 7/8"	5 1/2"		6300'		1425			
	2 7/8"		6035'		- comp & B14			

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 9-21-90	Date of Test 9.23.90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 6 hours	Tubing Pressure 775	Casing Pressure 1050	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 67	Water - Bbls. 18	Gas - MCF 80

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 9-24-90 Telephone No. 918-582-3855

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.