Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

State of New Mexico y, Minerals and Natural Resources Departme

Form C-104

OIL CONSERVATION DIVISION

P.O. Box 2088

RECEIVED

Revised 1-1-89
See Instructions
at Bottom of Page

ISTRICT HI	Ω.	ama re, new Me	XICU 0/304-2000		
000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAB	LE AND AUTHOR	IZATION NOV 13	90
•			AND NATURAL G	AS	
Operator	lor			Well API No.	
Bird Creek Resources, Inc.				30-015-264	86110
Address		10 7 1	01. 74110		
810 S. Cincinna Reason(s) for Filing (Check proper box)	ti, Suite I	10, luisa,	Ok 74119 Other (Please exp	lain)	
New Well	Change	in Transporter of:		•	- 86
completion Oil Dry Gas			CASINGHEAD GAS MUST NOT BE		
Thange in Operator Casinghead Gas Condensate			FLARED AFTER 1/29/91		
change of operator give name			UNLESS A	N EXCÉPTION TO:	
nd address of previous operator			RULE 306	IS OBTAINED	
I. DESCRIPTION OF WELI					T
Lease Name Caviness-Paine	Well No	1	-	Kind of Lease State, Federal or Fee	Lease No.
Location	3	Last Lu	ving Delaware		Fee
	. 525	S	outh 19	80 Feet From The	ast
Unit LetterU	:	Feet From The	Line and	Feet From The	LineLine
Section 15 Towns	hip 23S	Range 28E	, NMPM,	Eddy	County
II. DESIGNATION OF TRA					
Name of Authorized Transporter of Oil	or Cond	ensate		which approved copy of this form	
Pride PL. CO.		D. C		66, Abilene, TX	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso			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,	Unit Sec.	Twp. Rge.	Is gas actually connected?		73370
give location of tanks.	0 1 15	23S 28E	No	Est. 11-	12-90
f this production is commingled with the			ing order number:		
V. COMPLETION DATA	-		<u></u>		
D	Oil We		New Well Workover	Deepen Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completio			<u> X </u>		
Date Spudded 10-7-90	Date Compl. Ready 11-9-90		Total Depth 6300	P.B.T.D. 6257	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			
		Delaware		Tubing Depth 599	1 '
3012' KB Delaware		6090 ' 609	~	Depth Casing Shoe	
6092-61	58				
		G, CASING AND	CEMENTING RECO	RD	
HOLE SIZE		CASING & TUBING SIZE			СКЅ СЕМЕЛТ
12 ¼"	8 5/8 ⁿ			310	Int ID-2
7 7/8"	5 ½ " "		6300'	1525	11-30-20
		7	C 664		comp & Bh
V. TEST DATA AND REQUI	EST FOR ALLOW	VADLE	5991		/
~		•	be equal to or exceed top a	llowable for this depth or be for	full 24 hours 1
Date First New Oil Run To Tank	Date of Test	- 5) 1000 ON BING IIIIOI	Producing Method (Flow,		J 20 1.000 2.7
11-3-90	11-5-90			.OW	
Length of Test	Tubing Pressure	†		Choke Size	
10 Hours	100#	100#		30/6	4 " [*]
Actual Prod. During Test	Oil - Bbls.		900# Water - Bbls.	Gas- MCF	
	70		111	30	
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Gravity of Con	densate
l'esting Method (pitot, back pr.)	Tubing Pressure (Sh	Tubing Pressure (Shut-in)		Choke Size	
				·	
VI. OPERATOR CERTIFI	CATE OF COM	IPLIANCE		NICEDVATION D	MOION
I hereby certify that the rules and reg				NSERVATION D	NOIOIV
Division have been complied with ar is true and complete to the best of m				NOV 3 0 1	990
	· · · · · · · ·		Date Approv	ed	
R:11 MA 9	S. H.			ORIGINAL SIGNED BY	1
Signature	- V			MIKE WILLIAMS	· · · · · · · · · · · · · · · · · · ·
Bill M. Burks	Agent			SUPERVISOR, DISTRI	CT III

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR, DISTRICT II

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

- 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.