

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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

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

NOV 19 '90

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

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

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc.		Well API No. 30-015-26511
Address 810 S. Cincinnati, Suite 110, Tulsa, Ok 74119		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain)		
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 Queen	Well No. 1	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter A : 580 Feet From The North Line and 580 Feet From The South EAST Line Section 22 Township 23S Range 28E, 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"/> Pride PL Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene, TX 79978					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso	Address (Give address to which approved copy of this form is to be sent) 1492 El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 22	Twp. 23S	Rge. 28E	Is gas actually connected? No	When? Est 11-15-90

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10-27-90	Date Compl. Ready to Prod. 11-10-90		Total Depth 6290'		P.B.T.D. 6245'			
Elevations (DF, RK/B, RT, GR, etc.) 3010' KB	Name of Producing Formation Delaware		Top Oil/Gas Pay 6078' 6079'		Tubing Depth - 5986' 12-7-90 comp + BK			
Perforations 6079-6180'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 521'	SACKS CEMENT 300
7 7/8"	5 1/2"	6290'	1350
	2 7/8"	5986'	-

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 11-9-90	Date of Test 11-10-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 4 hours	Tubing Pressure 750#	Casing Pressure 805#	Choke Size 17/64"
Actual Prod. During Test	Oil - Bbls. 44	Water - Bbls. 16	Gas - MCF 67

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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
Bill M. Burks Agent
Printed Name Title
Date 11-12-90 918-582-3855
Telephone No.

OIL CONSERVATION DIVISION

NOV 30 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.