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

## OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

RECEIVED

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Sa	anta Fe	, New M	lexico 875	04-2088		JUL 05	1991		
I.	REQ	UEST F	OR AI	LLOWA	BLE AND	AUTHORI	ZATION	0. c.			
Operator ARTESI											
Bird Creek Resources, Inc.								0-015-26511			
810 South Cincinna Reason(s) for Filing (Check proper box)	ti, Su	ite 110	) Tu	1sa, 01		74119					
New Well		Change in	Transm	wter of:	Oth	ver (Please expl	ain)				
Recompletion	Oil		Dry G		Effect	tive: 6-5	-01				
Change in Operator  If change of operator give name	Casinghe	ad Gas \chi				cive. 0-3	) <del>)</del> 1				
and address of previous operator  II DESCRIPTION OF THE I	ANDIS		<del> </del>		<del></del>		<del></del>				
Lease Name											
Queen Location							d of Lease e, Federal or Fee	Lease N Fee	io.		
Unit Letter A : 580 Feet From The North Line and 580 East											
Section 22 Township	ip 23S Range 28E				, NMPM, Eddy						
III. DESIGNATION OF TRAN	CDADTE	5D OF 0						<del></del>	C	ounty	
Name of Authorized Transporter of Oil	RAL GAS  Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casing	Cas 🗍	Address (Give address to which approved copy of this form is to be sent)									
Transwestern Pipel	ine or Dry Gas				1400 Smith Road, Houst			s <i>d copy of this form</i> Ston. Texas	copy of this form is to be sent) ton. Texas 77251		
If well produces oil or liquide, give location of tanks.	Unit   A	<b>Soc.</b>   22	Twp.   23S	Rge. 28E	Is gas actually connected? When						
If this production is commingled with that IV. COMPLETION DATA	from any ou	her lease or	pool, giv	e comming	ing order numb	ber:					
Designate Type of Completion	.00	Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back   Sar	ne Ree'v hire	Res'v	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	Ĺ	i	<u> </u>	L L	Kes A		
Elevations (DF, RKB, RT, GR, etc.)	Ations (DF, RKR, RT, GR, etc.)								P.B.T.D.		
Perforations  Name of Producing Formation					Top Oil/Gas I	Pay		Tubing Depth	Tubing Depth		
							<del></del>	Depth Casing Si	Depth Casing Shoe		
	CEMENTIN	VC PECODI		_!	···	•					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SAC	SACKS CEMENT		
								5,0			
						•					
						<del></del>					
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOWA	BLE	,			<del></del>		<del></del>		
Date First New Oil Pup To Took						exceed sop also thod (Flow, pu	wable for th	is depth or be for fi	dl 24 hours.)	<del></del> 1	
Length of Test	Tubing Pressure										
	rooms riessule				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbla.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL								<u> </u>		لـــــا	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Cond	Gravity of Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						<del></del>					
I hereby certify that the rules and regular	ALE OF	COMPI	LIAN(	CE			CEDV	ATION DU	//01011		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
Read D. Buch - 12 Dus					ORIGINAL SIGNED BY						
Signature / Signature					By MIKE WILLIAMS						
Bill M. Burks Agent Printed Name Title					SUPERVISOR, DISTRICT IF						
<del>7-</del> 1-91	Title										
Date		918-58 Telep	hone No.								

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.