Subinit 5 Copies Appropriate District Office DISTRICT 1 PO Por 1980 Hobbs bbd and and		Energy,	Minera	State of I Is and Na	New Mexico atural Resources Dep. nent		Cld Furm C-104 Revised 1-1-89		
O. Dox 1980, Hobbs, NM 88240 OIL CONSERV DISTRICT II OIL CONSERV .0. Drawer DD, Ariesia, NM 88210 P.O.				SERV	ATION DIVISION		See Instructions at Bottom of Page		
DISTRICT III		S	anta Fe		Box 2088 Mexico 87504-2088	JUN - 1 1992	•		
000 Rio Brazos Rd., Aziec, NM 87	REC				BLE AND AUTHORIZA	O. C. D. TIONPESIA ENERICE			
Operator	_	7.			IL AND NATURAL GAS	Well API No.			
Bird Creek Resource	es, Inc.v	/				30-015-26511			
810 South Cincinna	ti, Suite	110 1	'ulsa,	0k1ah	oma 74119				
Reason(s) for Filing (Check proper b	iox)				Other (Please explain)				
Recompletion	Oil	Change i	Dry Ga	xterof:	Effective 5-2	7-92			
change in Operator	Casingh	ead Gas							
ad address of previous operator									
I. DESCRIPTION OF WE	LL AND LE	CASE							
Queen Well No. Pool Name,			sme, Includ	ting Formation	Kind of Lease State, Federal or Fee Fee Lease No.				
ocation			Ea	st Lov	ing Delaware	State, Federal or Fee	Fee		
Unit LetterA	:	<u>580</u>	Poet Pr	om The	North Line and _580	Feet From The	astLine		
Soction 22 Tow	mahip 23S		Range	28E	, NMPM,	Eddy			
U. DESIGNATION OF T						Ludy	County		
I. DESIGNATION OF TR lane of Authorized Transporter of C		or Conde	IL AN	<u>D NATU</u>	RAL GAS				
(1) Pride Pipeline Co. (2) Enron Oil Trading & ame of Authonized Transporter of C	ليما Transporta:	tion Co			Address (Give address to which approved copy of this form is to be sent) Box 2436, Abilene, TX 79604 P.O. Box 1188, Houston, TX 75251-1188				
lame of Authorized Transporter of C	asinghead Gas		or Dry	045	Address (Give address to which a	TX 75251-1188	is to be sent)		
well produces oil or liquids,	Unit	Sec.	Twp	l Pau		-			
ve location of tanks.	İΑ	i 22	1 235	Rge. 28E	is gas actually connected?	When ?			
this production is commingled with COMPLETION DATA	that from any ot	her lease or	pool, give	oomming	ling order number:	<u></u>			
		Oil Well		as Well					
Designate Type of Complet		i		AS WCII	New Well Workover D	eepen Plug Back Sar	ne Res'v Diff Res'v		
an opened	Dute Com	Dute Compl. Ready to Prod.			Total Depth	P.B.T.D.	l		
evations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	malios		Top Oil/Gas Pay				
rforations					: :	Tubing Depth			
						Depth Casing Sh	00		
	7	UBING.	CASIN	GAND	CEMENTING RECORD		•		
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET				
						SAC	KS CEMENT		
TECT DATE AND									
TEST DATA AND REQU	EST FOR A	LLOWA	BLE	······································		l			
te First New Oil Run To Tank	Date of Ter	lai voiume c	of load oil	and musi	be equal to or exceed top allowable	for this depth or be for fu	ll 24 hours.)		
ngth of Test					Producing Method (Flow, pump, ge	as lýt, eic.)			
igni of 1691	Tubing Pres	Tubing Pressure			Casing Pressure	Choke Size	Choke Size		
tual Prod. During Test	Oil - Bbls.				Water - Bbia				
					THE POIL	Gas- MCF			
AS WELL usl Prod. Test - MCF/D						_	······································		
all Flog. THE - MCH/D	Length of T	est			Bbls. Condensate/MMCF	Gravity of Coade			
ing Method (pilot, back pr.)									
					Casing Pressure (Shut-in)	Choke Size			
OPERATOR CERTIFI	CATE OF	COMPL	LANC	E	·····				
hereby certify that the rules and reg Division have been complied with an a true and complete to the best of m	ulations of the (Dil Conserva			OIL CONSE	RVATION DIV	ISION		
					Date Approved	<u>JUN 8 1992</u>			
Bill M.	Bur	h	_						
		i			ByORIGINAL	SIGNED BY			
Signature Bill M. Rucke		•	Printed Name				ByORIGINAL SIGNED BY MIKE WILLIAMS		
Bill M. Burks Prialed Name			ille		MIKE WIL	LIAMS			
Signature Bill <u>M. Burks</u> Printed Name 5–27–92 Date		<u>918-58</u>	ille		MIKE WIL	LIAMS OR DISTRICT IT			

pened 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.