

OIL CONSERVATION DIVISION

OCT 21 1991

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

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

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc. ✓	Well API No. 30-015-26609
Address 810 South Cincinnati, Suite 110 Tulsa, Oklahoma 74119	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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. 2	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>H</u> : <u>1880</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>22</u> Township <u>23-S</u> Range <u>28-E</u> , <u>NMPM</u> , <u>Eddy</u> 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"/> Enron Oil Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) Box 1188 Houston, TX 77251 - 1188
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline	Address (Give address to which approved copy of this form is to be sent) 1400 Smith Road Houston, TX 77251
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>22</u> Twp. <u>23S</u> Rge. <u>28E</u> Is gas actually connected? <u>Yes</u> When? <u>10-12-91</u>

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-23-91	Date Compl. Ready to Prod. 10-9-91	Total Depth 6350'		P.B.T.D. 6304'				
Elevations (DF, RKB, RT, GR, etc.) 3007' GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 6087'		Tubing Depth 6045'				
Perforations 1 spf, 40 holes, @ 6087-6187'				Depth Casing Shoe 6350'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	0-410'		265 sxs., cmt. circ.				
7 7/8"	5 1/2"	0-6350'		1035 sxs, TOC @ 540'				
	2 7/8"	0-6045'		Per ID-2 11-23-91 comp & RIR				

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 10-9-91	Date of Test 10-12-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hour	Tubing Pressure 1230	Casing Pressure 1850	Choke Size 10/64"
Actual Prod. During Test	Oil - Bbls. 142	Water - Bbls. 136	Gas - MCF 460

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.

Brad D. Burks
Signature
Brad D. Burks Agent
Printed Name
10-14-91 Date
918-582-3855 Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 14 1991

By _____

Title _____

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.