Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Dep.....ent

RECEIVED

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

JUN - 1 1992

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		Sa	nta Fe	, New M	exico 8750	4-2088		D. C. D.		
						UTHORIZ	ATION	ESTA CARRICA		
I. Operator		TO TRA	NSP	ORT OIL	AND NAT	TURAL GA	S	TB/ 1		
Bird Creek Resources,	Inc.	· .			·			API No. 0-015-260	522	
810 South Cincinnati,	Suite :	110 To	ulsa,	0k1ah	oma 7411	.9				
Reason(s) for Filing (Check proper box) New Well			_	_	Othe	st (Please expla	in)			
Recompletion	Oil	Change in	Transpo Dry Ga	orter of:	Fff	ective 5	-27-92			
Change in Operator	Casinghea		Conder				בי זב			
If change of operator give name and address of previous operator										· · · · · · · · · · · · · · · · · · ·
II. DESCRIPTION OF WELL	AND LE	ASE							 	
Lease Name Caviness Paine	Well No. Pool Name, Includ 4 East Lov					12.00		of Lease	ease No.	
Location		· · · · · · · · · · · · · · · · · · ·	La	SC LOV	ing belaw	rare	State,	Federal or Fee	Fee	
Unit Letter	: 2310)	. Pool Pr	om The _	South Lo	and1650) F	set From The _	ast	Line
Section 15 Township	23S		Range	28E	, NA	ирм,		Eddy		County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAT CAS					
(1) Pride Pineline Co	\boxtimes	or Conden	SALE		Address (Giw	address to who	ch approved	copy of this for	m is to be se	int)
Name of Authorized Transporter of Casing	nsportati	ion Co.	or Dry	G4 []	1 PUB 2830,	1188 ous	$\frac{x}{2}$ /9604	75251-1188		
		·			Voglass (CIM	address to whi	ch approved	copy of this for	m is to be se	int)
If well produces oil or liquids, give location of tanks.	Unit	Sec. 15	Twp. 1235	Rge. 28E	Is gas actually Yes		When	?		
If this production is commingled with that f IV. COMPLETION DATA		er lease or	pool, giv	e comming	ling order numb	et:			· · · · · · · · · · · · · · · · · · ·	
		Oil Well		Jas Well	Nèw Well	W. 4		1		
Designate Type of Completion Date Spudded		i	i Ì		j i	Workover	Deepen	Plug Back	Same Res'v	Diff Res'y
	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		_ _
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas P	ay	-	Tubing Depth		
Perforations	<u> </u>					····	· · · · · · · · · · · · · · · · · · ·	Depth Casing	Shoe	
		IIDDIO	<u> </u>	10						•
. HOLE SIZE	CAS	SING & TU	CASII	NG AND		IG RECORI)	 		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DING S	HZE		DEPTH SET		S/	CKS CEM	ENT
				····			•			
										
V. TEST DATA AND REQUES	T FOR A	LLOW	BLE							
OIL TYELL (Test must be after re	covery of loa	al volume	of load o	il and musi	be equal to or a	exceed top allow	able for thi	e denik ar he fa	* 6.11 24 have	1
Date First New Oil Run To Tank	Date of Test				Producing Met	hod (Flow, pur	φ, gas lýl, e	ic.)	Juli 24 NOW	(3.)
Length of Test	Tubing Pressure				Casing Pressur	7		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbla.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	osi			Bols. Condens	w/MMCF		Oravity of Co	ndensate	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)										
				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	TE OF	COMP	LIAN	CE						
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.				5.		. 1	MIN of	വരാ		
Sill W. B	. (7			Date	Approved		UN 8 1	334	
Signature	in/h				Ву	ORIGIN	AL SIGN	EU BA		
Bill M. Burks Printed Name		•	_Ageı	at		MIKE W	/ILLIAMS	3		
5-27-92	·	918-5	Tide 82-38 hone No		Title_	SUPER	VISOR, D	ISTRICT I		
Date										

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 to

State of New Mexico iergy, Minerals and Natural Resources Depai

RECEIVED

Form C-104 Revised I-1-89 See Instructions

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

OIL CONSERVATION DIVISION P.O. Box 2088

JUL 0 5 1991

at Bottom of Page

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.
TO TRANSPORT OIL AND NATURAL GAS

↓		IO IHAI	NSPC	DRT OIL		TURAL GA	76				
Openior Bird Creek Resource		•		•				API No.	26622		
Bird Creek Resources, Inc. indees 810 S. Cincinnati, Suite 110 Tulsa, OK 74119								30-015-	20022		
	Suite 11	lo Tuls	sa, (OK 74:	119						
Reason(s) for Filing (Check proper box) New Well		_			Oil	nes (Please expla	in)				
		Change in 7									
Recompletion	Oil		Dry Gar		Effect	ive: 6-5-	91				
Change in Operator I change of operator give name	Casinghea	d Gas X	Conden	sale 🗌	·						
and address of previous operator											
I. DESCRIPTION OF WELL	AND LEA										
Lease Name		Well No.			ng Formation Kind			of Lease		Lease No.	
<u>Caviness Paine</u>		4	Eas	st Lovi	oving Delaware State, Fede				Fee	110.	
Location Unit LetterJ	. 2310	,	Dani Tar	So	outh Li	. 165	0		East		
1.5	in 239						Fe	et From The _		Line	
	::E	***************************************	Range	28E		MPM, Ed	ay		······································	County	
II. DESIGNATION OF TRAP Name of Authorized Transporter of Oil	SPORTE	R OF OII	LANI	NATU							
Traine of Addionized Transporter of Oil		or Condens	ate (ve address to wh	ich approved	copy of this fo	rm is to be se	nı)	
Name of Authorized Transporter of Casic Transwestern Pipeli	ighead Gas ne	Address (Give address to which approved copy of this for 1400 Smith Road, Houston, TX							rm is 10 be se	ni)	
If well produces oil or liquids.	duces oil or liquids.										
ive location of tanks.	J	15	23\$	Rge. 28E	ļ	ly connected?	When	7			
this production is commingled with that V. COMPLETION DATA	from any other	er lease or po	ool, give	comming	ing order nur	iber:				· · · · · · · · · · · · · · · · · · ·	
Decision F		Oil Well	G	as Well	New Well	Workover	<u> </u>	(-,	
Designate Type of Completion		İ	i			WOLFOASL	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	d. Ready to I	Prod.		Total Depth	·		P.B.T.D.	•	ــــــــــــــــــــــــــــــــــــــ	
Elevations (DF, RKB, RT, GR, etc.)	OF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth			
erforations				<u> </u>							
								Depth Casing	Shoe		
	T	UBING, C	CASIN	G AND	CEMENTI	NG RECOR	D			·	
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	 					•			10.10 02.111	-111	
	 			 -							
											
IL WELL Test must be often	ST FOR A	LLOWA	BLE	•	<u> </u>			<u> </u>			
OIL WELL (Test must be after to Date First New Oil Run To Tank	ecovery of lot	al volume of	load oi	l and must	be equal to or	exceed top allo	wable for this	depih or be fo	r full 24 how	rs.)	
	Date of Tes	t			Producing M	ethod (Flow, pw	np, gas lýl, e	(c.)			
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.	Oil - Bhis									
▼ • • • • • • • • • • • • • • • • • • •	Ou - D018.				Water - Bbls.			Gas- MCF			
GAS WELL								<u> </u>	·		
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	MMCF		Continue 2	-do		
						Bbis. Condensate/MMCF			Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pres	eure (Shut-in)		Casing Press	ire (Shut-in)		Choke Size	- ' 		
I OPERATOR CERTIFIC	ATE OF	CO) (2)	T A 2 2 2		 						
I. OPERATOR CERTIFIC I hereby certify that the rules and regul	ALE UP	COMPL	IAN(CE		און בי	QEDV/	TION			
Division have been complied with and	that the inform	nation given	uog above			DIL CON				N	
is true and complete to the best of my	knowledge and	d belief.			D-1-		J	UL 0 9 1	3 81		
					Date Approved						
Brad D. Buche / for BNB					ORIGINAL SIGNED BY						
Signature Bill M. Burks		Aci	ent		By_	MIKE WI	LLIAMS	TRICTIF	··		
Printed Name		X	ille				IQUR, DR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7-2-01		010	E00	2055	Title						

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

Date

- 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.

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.