

OIL CONSERVATION DIVISION

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

AUG 15 1991

J. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc.		Well API No. 30-015-26728
Address 810 S. Cincinnati, Suite 110 Tulsa, OK 74119		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: CASINGHEAD GAS MUST NOT BE Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> FLARED AFTER 9/20/91 Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burkham	Well No. 1	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter E : 1650 Feet From The North Line and 990 Feet From The West Line Section 22 Township 23-S Range 28-E, 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"/> Enron Oil Trading & Transportation Co	Address (Give address to which approved copy of this form is to be sent) Box 1188 Houston, TX 75251-1188					
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 E	Sec. 22	Twp. 23S	Rge. 28E	Is gas actually connected? Vent	When? Est. 8-18-91

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-2-91	Date Compl. Ready to Prod. 6-21-91		Total Depth 6345'		P.B.T.D. 6306'			
Elevations (DF, RKB, RT, GR, etc.) 3009.5' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 6084'		Tubing Depth 6000'			
Perforations 1 SPF @ 6084'-6180' (56 holes)					Depth Casing Shoe 6345'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 0-407'		SACKS CEMENT 275 sxs., cmt. circ.			
7 7/8"	5 1/2"		0-6345'		1300 sxs., TOC @ 300'			
	2 7/8"		0-6000'					

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 6-21-91	Date of Test 8-6-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure -	Casing Pressure -	Choke Size comp & BR
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 159	Gas - MCF 96

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.

Signature
Bill M. Burks
Printed Name
8-12-91
Date
Agent
Title
918-582-3855
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 22 1991

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.