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

**OIL CONSERVATION DIVISION**

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

AUG 15 1991

J. C. D.  
ARTESIA OFFICE

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I.

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"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	FLARED AFTER 9/20/91
If change of operator give name and address of previous operator		UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED

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
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"/>	Address (Give address to which approved copy of this form is to be sent)
Enron Oil Trading & Transportation Co	Box 1188 Houston, TX 75251-1188
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline	1400 Smith Road Houston, TX 77251
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	E   22   23S   28E   Vent   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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	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 600'					
Perforations 1 SPF @ 6084'-6180' (56 holes)	Depth Casing Shoe 6345'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	0-407'	275 sxs., cmt. circ.					
7 7/8"	5 1/2"	0-6345'	300 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	Prost ID-2 8-23-91
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.

Bill M. Burks  
Signature  
Bill M. Burks Agent  
Printed Name  
8-12-91 Date  
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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.