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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

AUG 16 1991

O. C. D.
ARTESIA, OFFICE

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|--|
| Operator Bird Creek Resources, Inc. | | Well API No. 30-015-26752 |
| Address 810 South Cincinnati, Suite 110 Tulsa, Oklahoma 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 is Transporter of: Change in Operator <input type="checkbox"/> 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 | | CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/28/91 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|------------------|
| Lease Name Pardue Martin | Well No. 1 | Pool Name, including Formation East Loving Delaware | Kind of Lease State, Federal or Fee | Lease No. Fee |
| Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 2 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, Texas 75251-1188 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input 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 Rd. Houston, Texas 77251 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 2 | Twp. 23S | Rge. 28E | Is gas actually connected? Vented | When? Estimated 9-15-91 |

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 7-24-91 | Date Compl. Ready to Prod. 8-9-91 | | Total Depth 6350' | | P.B.T.D. 6304' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 2992.5' GR | Name of Producing Formation Delaware | | Top Oil/Gas Pay 6163' | | Tubing Depth 2 7/8" @ 6066' | | | |
| Perforations 2 SPF @ 6163-77', 30 holes | | | | | Depth Casing Shoe 5 1/2" @ 6350' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 0-440' | | 270 sxs., cmt. circ. | | | |
| 7 7/8" | 5 1/2" | | 0-6350' | | 1255 sxs., cmt. circ. | | | |
| | 2 7/8" | | 0-6066' | | Post FID-2 8-30-91 Comp & RB | | | |

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 8-10-91 | Date of Test 8-13-91 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24hr. | Tubing Pressure 90# | Casing Pressure 1000# | Choke Size 15/64" |
| Actual Prod. During Test | Oil - Bbls. 96 | Water - Bbls. 120 | Gas - MCF 78 |

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
8-14-91
Date
Agent
Title
918-582-3855
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 27 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.