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ppropriate District Office
ISTRICT ! O. Box 1980, Hobbs, NM 88240

State of New Mexico , Minerals and Natural Resources Departmen

RECEIVED

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

SISTRICT II
10. Drawer DD, Artedia, NM 88210

OIL CONSERVATION DIVISION $M_{\rm He} \sim 1991$

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D. ARTESIA (OFFIC) TION

DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION										
TO TRANSPORT OIL AND NATURAL GA								S Well API No.			
Bird Creek Resources, Inc.						30-015-26846					
810 South Cincinnat	i, Sui	te 110	Tul	sa, Okl	ahoma 74	4119					
Reason(s) for Filing (Check proper box)					Oth	r (Please expla		C LUICT	NOT DE		
New Well Recompletion	0"	Change in	•					S MUST			
Change in Operator	Oil Dry Gas FLARED AFTER 1 5.2										
If change of operator give name											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	Well No. Pool Name, Including				se Formation Kin			of Lease No.			
Burkham		2			g Delawa	are	1	Pederal or Fee			
Unit Letter D.	. · ·	60				e and510		et From The _			
	23-S			28-E		MPM.		Eddy	County		
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)											
						Address (Give address to which approved copy of this form is to be sent) PO Box 1188 Houston, Texas 77251-1188					
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)						
Iranswestern Pipeline If well produces oil or liquids,	Unit	Sec,	Twp.	Pos				uston, Texas 77251			
give location of tanks.	D	•		28-E	_	Vented Est			7 timated 11-15-91		
If this production is commingled with that IV. COMPLETION DATA	from any o	her lease or	pool, gi	ve comming)	ing order num	iber:					
Designate Type of Completion Date Spudded		Oil Well	_ i	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v Diff Res'v		
10-3-91	Date Compl. Ready to Prod. 10-23-91				Total Depth 8200 '			P.B.T.D.	6392' P. + To 1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Oas Pay			Tubing Denth 11-12-91			
Corrected GL 3014.6' Delaware Perforations 6100 6205					6100'			Depth Casing Shoe			
6100 620						64361					
HOLE SIZE	TUBING, CASING AND C				CEMENT	DEPTH SET SACKS CEMENT					
12 1/4"	8 5/8", 24# J-55				0-435			400 sx	400 sxs., cmt. circ.		
7 7/8"	5 1/2", 15.5#,17# J-55				0-6436'			700 sxs., TOC @ 3250 by			
							·	-			
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 10-24-91	Date of Test 10-28-91				Producing Method (Flow, pump, gas lift, etc.) Flowing						
Length of Test 1 hr.	Tubing Pressure 240				Casing Pressure			Choke Size 15/64"			
Actual Prod. During Test 24 hr. extrapolation	Oil - Bbis.				Water - Bbis. 96			Gas- MCF 76			
GAS WELL					1		*****		<u>-</u>		
Actual Prod. Test - MCF/D	Leagth o	Tost		···	Bola. Conde	nsu/MMCF		Gravity of	Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					<u> </u>						
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Dat	Date Approved NOV 2 1 1991					
Enad D. Burks					By.	ByORIGINAL SIGNED BY					
Brad D. Burks Agent Printed Name Title						MIKE WILLIAMS SUPERVISOR DISTRICT II					
10-28-91 918-582-3855 Date Telephone No.						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) Sanarate Form C-104 must be filed for each pool in multiply completed wells