

OIL CONSERVATION DIVISION

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

RECEIVED

AUG - 9 1993

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc. ✓		Well API No. 30-015-26846
Address 1412 South Boston, Suite 550, Tulsa, OK 74119		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) Filed in accordance with OCD Order No. R-9501-B
Change in Transporter of: 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 _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Burkham	Well No. 2	Pool Name, including Formation East Loving Brushy Canyon	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Well Letter <u>D</u> : <u>560</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>23 South</u> Range <u>28 East</u> , <u>NMPM</u> Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (1) Pride Pipeline Co. <input checked="" type="checkbox"/> (2) EOTT Energy, Inc. <input checked="" type="checkbox"/> EOTT Energy Operating LP Effective 4-1-94		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604 P.O. Box 4666, Houston, TX 77210-4666				
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 D	Sec. 22	Twp. 23S	Rge. 28E	Is gas actually connected? Yes	When? 11/15/91

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y	Diff Rec'y
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DP, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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 H. Ric Hedges President Jur
Printed Name _____ Title _____
7/23/93 (918) 582-7713
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved AUG 11 1993

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.