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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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APR 20 1992

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc.		Well API No. 30-015-23692
Address 810 South Cincinnati, Suite 110 Tulsa, OK 74119		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Recompletion <input checked="" type="checkbox"/>	Change in 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Salt Draw "11" Fed. Com.	Well No. 1	Pool Name, Including Formation Undesignated Bone Spring	Kind of Lease State Federal or Fee	Lease No. NM-13413
Location Unit Letter G : 1880' Feet From The North Line and 1980' Feet From The East Line Section 11 Township 25-S Range 28-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 2948 Midland, TX 79702-9990
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 11
	Twp. 25	Rge. 28
Is gas actually connected? When?		
No. All gas used in lease.		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod. 4-12-92	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 2973' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 6465'	6563' Part ID-2					
Perforations 1 spf @ 6465-6475', 11 holes			5-1-92					
TUBING, CASING AND CEMENTING RECORD			Comp BS					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
NA	20"	0-437'	Cmt. Circulated					
NA	13.625"	0-2645'	Cmt. Circulated					
12.25"	9.625"	0-9830'	TOC @ 1315' By temp.					
8.5"	7"	9548-12,726'	500 sxs.					

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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 4-12-92	Date of Test 4-12-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 21	Water - Bbls. 70	Gas - MCF 20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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  
Brad D. Burks  
Printed Name  
4-15-92  
Date  
918-582-3855  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 23 1992

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 well.