

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|------------------------|-----|
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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator

BIRD OIL CORPORATION

Address

717 17th Street, Suite 2860 Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|--|----------------------|
| Lease Name Bird-Federal -12 | Well No. 11 | Pool Name, including Formation <i>Blue Mesa</i> Beds - Mesa Verde | Kind of Lease State, Federal or Fee Federal | Lease No. NM17184 |
| Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>19N</u> Range <u>5W</u> , NMPM, <u>McKinley</u> 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"/> Permian Oil Corp. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528 Denver, Colorado 80201 | | | | | |
| 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 E | Sec. 12 | Twp. 19N | Rge. 5W | Is gas actually connected? No | When |

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 <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Some Res'tv. <input type="checkbox"/> | Diff. Res'tv. <input type="checkbox"/> |
| Date Spudded 4/5/83 | Date Compl. Ready to Prod. 11/22/83 | Total Depth 2200' | | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6564GR | Name of Producing Formation Menefee | | Top Oil/Gas Pay 1988 | | Tubing Depth 1978 1983 | | | | |
| Perforations 1988-2008 | | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE 12 1/4" | CASING & TUBING SIZE 8 5/8" | | DEPTH SET 94' | | SACKS CEMENT 80 SX | | | | |
| 7 7/8" | 4 1/2" | | 2197' 2200 | | 250 SX 375 | | | | |
| | 2 3/8" | | 1978 1983 | | | | | | |

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 Tanks Nov. 23, 1983 | Date of Test Nov. 24, 1983 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs. | Tubing Pressure 100 psig | Casing Pressure 25 psig | Choke Size 10/64" |
| Actual Prod. During Test | Oil-Bbls. 5 Bbl. | Water-Bbls. 100 Bbl. | Gas-MCF 1 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. 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.

OIL CONSERVATION DIVISION

DEC 22 1983

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Signature)

PRODUCTION ENGINEER

(Title)

12-19-83

(Date)