

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

### OIL CONSERVATION DIVISION

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

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

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

FEB 28 1994

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BK Exploration Corporation		Well API No. 30-015-23521
Address 810 South Cincinnati, Suite 110, Tulsa, OK 74119		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Bird Creek Resources, Inc., 1412 S. Boston, Suite 550, Tulsa, OK 74119		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Kimbley	Well No. 1	Pool Name, Including Formation S. Culebra Bluff BS	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>G</u> : <u>1830</u> Feet From The <u>North</u> Line and <u>2060</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>23S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp. 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 4666, Houston, TX 77210-4666			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Continental Natural Gas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 21470, Tulsa, OK 74121			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 21	Twp. 23S	Rge. 28E
Is gas actually connected?		When?		
Yes				

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 Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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
			Part DP-3 3-11-94 chg up

### V. TEST DATA AND REQUEST FOR ALLOWABLE

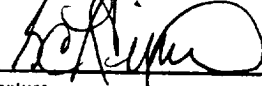
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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  
 B. C. Kimmel Vice President  
 Printed Name  
 Title  
 1/19/94 (918) 582-3855  
 Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved MAR 3 1994

By \_\_\_\_\_  
SUPERVISOR, DISTRICT II

Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells