

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

APR - 5 1991

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bird Creek Resources, Inc. ✓	Well API No. 30-015-26622
Address 810 S. Cincinnati, Suite 110 Tulsa, OK 74119	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> 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 _____	
CASINGHEAD GAS MUST NOT BE FLARED AFTER 6/12/91 UNLESS AN EXCEPTION TO: RULE 336 IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Caviness-Paine	Well No. 4	Pool Name, Including Formation East Loving Delaware	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter J : 2310 Feet From The South Line and 1650 Feet From The East Line Section 15 Township 23S Range 28E, NMPM, Eddy 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"/> Enron Oil Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 Houston, TX 75251-1188
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit J Sec. 15 Twp. 23S Rge. 28E Is gas actually connected? Vented When? Estimated 5-1-91

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 2-4-91	Date Compl. Ready to Prod. 3-28-91	Total Depth 6352'	P.B.T.D. 6294'					
Elevations (DF, RKB, RT, GR, etc.) 3010' KB	Name of Producing Formation Delaware	Top Oil/Gas Pay 6089-6131'	Tubing Depth 2 7/8" @ 6033'					
Perforations 1 SPF @ 6089-6131' (36 holes)			Depth Casing Shoes 5 1/2" @ 6352'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8", 24#, J-55		DEPTH SET 0-501'		SACKS CEMENT 310 sxs., cmt. circ.			
7 7/8"	5 1/2", 15.5#, J-55		0-6352'		1600 sxs., cmt. circ.			

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 3-28-91	Date of Test 4-1-91	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size comp & B17
Actual Prod. During Test	Oil - Bbls. 72	Water - Bbls. 381	Gas- MCF 61

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 Bill M. Burks
Printed Name Bill M. Burks Agent
Date 4-2-91 Telephone No. 918-582-3855

OIL CONSERVATION DIVISION

Date Approved APR 10 1991

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 pool in multiply completed wells.