

Submit to Appropriate District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

file

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

OIL CONSERVATION DIVISION
P.O. Box 2058
Santa Fe, New Mexico 87504-2088

JAN 22 '91

API NO. (assigned by OCD on New Wells)	30-015-26622
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL RE-ENTER DEEPEN PLUG BACK

b. Type of Well: OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. Name of Operator: Bird Creek Resources, Inc.

3. Address of Operator: 810 S. Cincinnati, Suite 110 Tulsa, OK 74119

4. Well Location: Unit Letter J; 2310 Feet From The South Line and 1650 Feet From The East Line
Section 15 Township 23-S Range 28-E NMPM Eddy County

7. Lease Name or Unit Agreement Name: CAVINESS-PAINE

8. Well No.: 4

9. Pool name or Wildcat: East Loving Delaware

10. Proposed Depth: 6350'

11. Formation: Delaware

12. Rotary or C.T.: Rotary

13. Elevations (Show whether DF, RT, GR, etc.): 2996.4' GR

14. Kind & Status Plug. Bond: Blanket

15. Drilling Contractor: Grace

16. Approx. Date Work will start: 2-1-91

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/2"	8 5/8"	24	400'	300	Surface
7 7/8"	5 1/2"	15.5	6350'	1500	Surface

Drill through fresh sands w/ fresh spud mud.

Drill through salt section & Delaware w/ brine.

Post ID-1
2-1-91
New loc & API

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 7/25/91
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bill M. Burks TITLE Agent DATE 1-17-90
TYPE OR PRINT NAME Bill M. Burks 918-582-3855 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JAN 25 1991

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I
 P.O. Box 1900, Hobbs, NM 88240

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 P.O. Drawer DD, Artesia, NM 88210

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

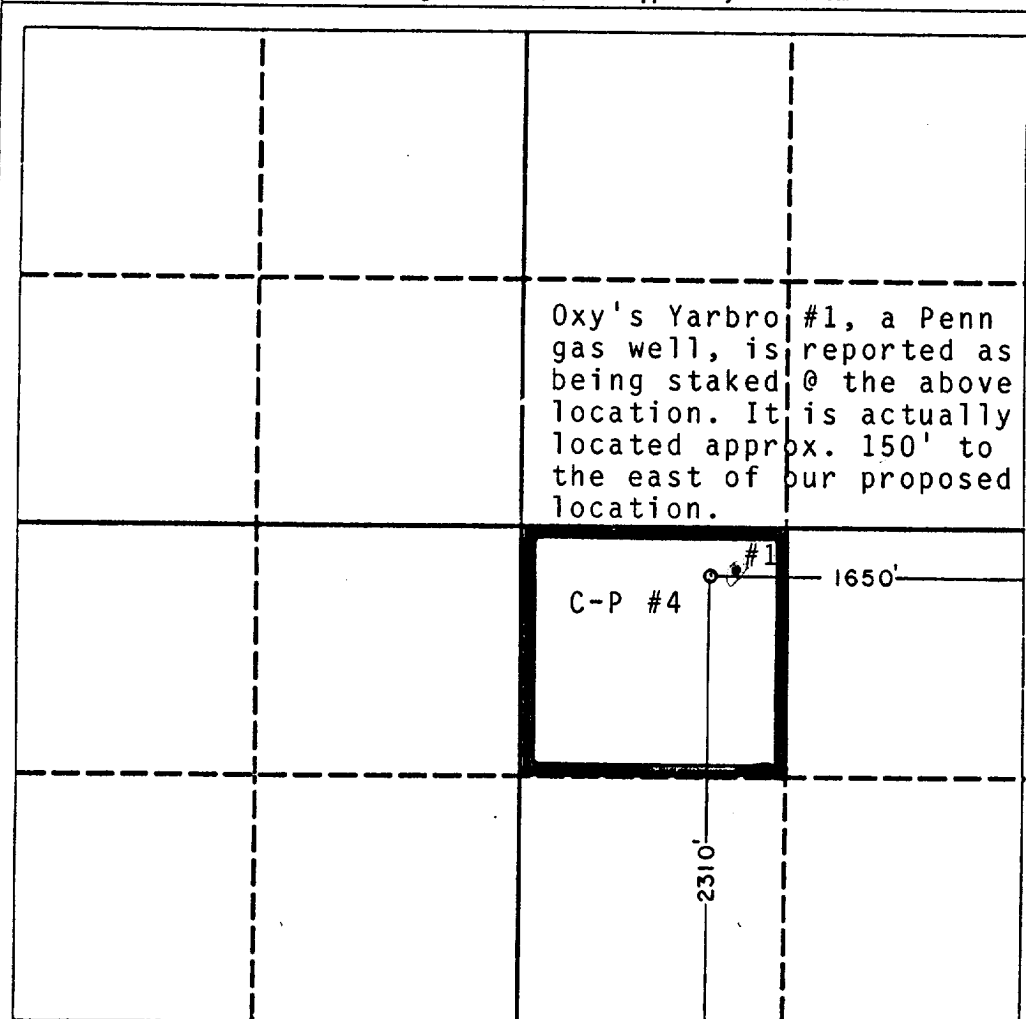
Operator BIRDCREEK RESOURCES, INC.		Lease CAVINESS PAINE		Well No. 4
Unit Letter J	Section 15	Township 23 SOUTH	Range 28 EAST	County EDDY
Actual Footage Location of Well: 2310 feet from the SOUTH line and 1650 feet from the EAST line				
Ground level Elev. 2996.4	Producing Formation Delaware	Pool East Loving	Dedicated Acreage: 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

Yes No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

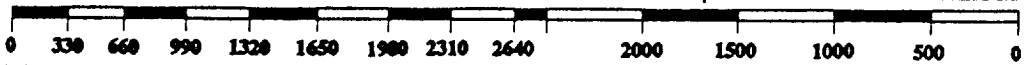


OPERATOR CERTIFICATION
 I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature: *Bill M. Burks*
 Printed Name: Bill M. Burks
 Position: Agent
 Company: Bird Creek Resources, Inc.
 Date: 1-17-91

SURVEYOR CERTIFICATION
 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: 12-12-90
 Signature & Seal of Professional Surveyor:



BOP STACK

