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

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

RECEIVED
OCT - 1 1991
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-015- 26846

5. Indicate Type of Lease STATE ☐ FEE ☒

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 ☐

7. Lease Name or Unit Agreement Name: Burkham

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

8. Well No.: 2

3. Address of Operator: 810 South Cincinnati, Ste. 110, Tulsa, OK 74119

9. Pool name or Wildcat: ~~East Loving~~ Wild Bone Spring

4. Well Location
Unit Letter D : 560 Feet From The North Line and 510 Feet From The West Line

Section 22 Township 23-S Range 28-E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
8300'	Bone Spring	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3021' GL	Blanket	Grace	10-1-91

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24	0-400'	265	Surface
7 7/8"	5 1/2"	15.5, 17	0-8300'	1800	Surface

It is proposed to drill to 8300' to sufficiently evaluate Bone Spring potential. If the Bone Spring appears uneconomical, the well will be completed to the East Loving Delaware pay @ 6100'.

Post ID-1
10-4-91
Member AAPI

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4/1/92
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 Brad D Burks TITLE Agent DATE 9-30-91

TYPE OR PRINT NAME Brad D. Burks 918-582-3855 TELEPHONE NO.

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS ~~SUPERVISOR, DISTRICT II~~ TITLE DATE OCT - 3 1991

CONDITIONS OF APPROVAL, IF ANY: