

Submit 3 Copies
to Appropriate
District Office

Santa Fe	
ELM	
Land Office	
H. of M.	
Operator	

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clsf
dp

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 2088
Santa Fe, New Mexico 87504-2088

DEC 26 '90

WELL API NO. 30-015-26544
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MARKHAM
8. Well No. 1
9. Pool name or Wildcat East Loving Delaware

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO PLUG OR TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ GAS Well ☐ OTHER ☐
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 C : 330 Feet From The North Line and 2250 Feet From The West Line Section 22 Township 23S Range 28E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3015.5 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☒
	OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12-10-90 Spud @ 5:00 PM 12-9-90. Drill 12 1/4" hole to 530'. Circ hole clean. POH. Ran 8 5/8" J-55 24# ST&C Csg to 530'. Cmt w/320 sx Lite (Western) & 100 sx Class C. Did not circulate. T Cmt 70'.

12-11-90 Cmt annulus w/8yds redimix Cmt. WOC 18 hours. N U W H & BOP, Test BOP & Csg-held ok. Trip in hole with 7 7/8" bit.

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 12-19-90
TYPE OR PRINT NAME Bill M. Burks TELEPHONE NO. 918-582-3855

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 28 1990