

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

30-015-22066

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

2069

7. Lease Name or Unit Agreement Name:

Ogden 8 Con

8. Well No.

1

9. Pool name or Wildcat

Cutebri Bluff, Wolfcamp, South 160s

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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, LLC

3. Address of Operator

7134 S. Yale, #600 Tulsa, OK 74136

4. Well Location

Unit Letter H : 2200 feet from the North line and 945 feet from the East line

Section

8

Township 24S Range 28E NMPM

County Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- Perforate + acidize additional Wolfcamp ^{Intervals} 10,005 - 64
- anticipated start date: - 8/20/01
- BOP will be utilized - RTD

RECEIVED
OCD ARTESIA

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

SIGNATURE Robert Wadley TITLE Regulatory Analyst DATE 8/13/01

Type or print name Robert Wadley

(This space for State use)

ORIGINAL SIGNED BY THE W. COM
DISTRICT II SUPERVISOR

Telephone No. 918 496-2626

AUG 24 2001

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: