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
SEP 11 1991
O. C. D.
ARTESIA, OFFICE

Form C-101
Revised 1-1-89

C1SF
DP

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

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: RECOMPLETE TO BONE SPRING
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: Kimbley

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

8. Well No.: 1

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

9. Pool name or Wildcat: Undesignated Bone Spring

4. Well Location
Unit Letter G : 1830 Feet From The North Line and 2060 Feet From The East Line

Section 21 Township 23S Range 28E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
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13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3026' GR	Blanket	--	--

17. PRESENT ~~PROPOSED~~ CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
20"	16"	NA	0-490'	750	Surface
14 3/4"	10 3/4"	NA	0-2502'	2175	Surface
9 7/8"	7 5/8"	NA	0-9628'	1275	4487'
6 1/2"	5"	NA	9217-12,875'	400	NA

See Attached C-103 and C-102.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 3/16/92
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 Bill M. Burks TITLE Agent DATE 8-30-91

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 SEP 13 1991

CONDITIONS OF APPROVAL, IF ANY: