

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
(Other instruction
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM- 67979

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

RML Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Delaware

11. SEC., T., R., M., OR BLK. AND
SUBST OR AREA

Sec. 26 T22S R28E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ API # 30-015-2

2. NAME OF OPERATOR

Bird Creek Resources, Inc.

3. ADDRESS OF OPERATOR

810 South Cincinnati, Suite 110 Tulsa, OK 74119

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.
At surface

760' FSL, 660' FWL, Unit M
Sec. 26 T22S R28E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3082' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Operations

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Attached is State Form C-104 to put this well on a monthly allowable schedule. The latest extrapolated test was 90 BOPD, 870 BWP, 49 MCFD.

The battery hookup will be completed by 5-15-92. A site security diagram will be submitted to your office upon battery completion.

All produced gas is currently being consumed on location by the heater treater and the 6 cylinder, 90 Hp Waukesha pump unit engine.

MAY 12 11 30 AM '92

RECEIVED

18. I hereby certify that the foregoing is true and correct

SIGNED Brad D. Burks Brad D. Burks TITLE Agent

918-582-3855

DATE 5-8-92

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____

DATE _____

CONDITIONS OF APPROVAL: _____

*See Instructions on Reverse Side