

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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

6. LEASE DESIGNATION AND SERIAL NO.
NM-67979

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
RML Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
E. Herradura Bend Delaware

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 26-22S-28E

12. COUNTY OR PARISH 13. STATE
Eddy NM

1. OIL ☒ GAS ☐ OTHER ☐ API # 30-015-2380 RECEIVED

2. NAME OF OPERATOR
Bird Creek Resources, Inc. ✓ NOV 17 1992

3. ADDRESS OF OPERATOR
810 South Cincinnati, Suite 110 Tulsa, Oklahoma 74119 G.C.D.

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, OR, 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) ☐
PILL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒
FRACTURE TREATMENT ☒
SHOOTING OR ACIDIZING ☒
(Other) ☐
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 perti-
nent to this work.)*

Additionally perforated Delaware formation as follows:

Shot 2 spf @ 5593, 94, 97, and 98', total 7 holes. Acidized new perms w/ 500 g. 15%
acid. Fractured new perms w/ 17,500 g. XL gel, 16,000# 20-40 mesh sand, and 18,000#
16-30 mesh sand. Put back on pump.

On 8-19-92, new perms tested 27 BOPD, 102 BWPD, and 42 MCFD.

6 1992

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

SIGNED Brad D. Burks TITLE Brad D. Burks, Agent DATE 8-24-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side