

Submit 3 Copies
to Appropriate
District Office

Santa Fe	
File	
RLM	
Land Office	
R of M	
Operator	

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clsr
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

WELL API NO.

30-015-23907

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 Resources, Inc.

3. Address of Operator

810 S. Cincinnati, Ste. 110, Tulsa, OK 74119

7. Lease Name or Unit Agreement Name

Williams

8. Well No.

1

9. Pool name or Wildcat

Und. Delaware

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 25 Township 23S Range 28E NMPM Eddy County

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

2993' GL

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 ☐

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.

We reentered this old Dinero well and recovered 14 BOPD, 227 BWPD on swab, from perfs @ 6070-6375'. Since this rate is uneconomical to produce at this time, we request permission to temporarily abandon the well for 1 year to evaluate uphole potential. This application is made pursuant to OCD Rule 202B.

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 4-9-91

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

APR 25 1991

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: