to Appropriate District Office

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
DEC 23 1991
O. C. D.

Form C-103
Revised 1-1-89

C15F DP

WELL API NO.
30-015-23910

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.)

7. Lease Name or Unit Agreement Name
Ogden

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

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
Loving Delaware

4. Well Location
Unit Letter A : 430 Feet From The North Line and 550 Feet From The East Line

Section 7 Township 24S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3064' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☒	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

Set CIBP @ 5654', above Delaware perfs @ 5721-5881'. With dump bailer, dumped 35' cmt. on BP, PBTD 5619'. Perfed 26 holes in Delaware @ 4565-4725'. Acidized w/1500 g. acid. Swabbed 50% oil. Fractured new perfs @ 4565-4725' w/ 18,300 g. gel and 36,100# sand. Swabbed load, then recovered 5 BO, 84 BW, GTSTM during 12 hr. swab. Had 100' fluid entry per hr. RD swab. SI well. Evaluate to P&A.

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

SIGNATURE Brad D. Burks TITLE Agent DATE 12-20-91

TYPE OR PRINT NAME Brad D. Burks TELEPHONE NO. 918-582-3855

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE JAN 29 1992

CONDITIONS OF APPROVAL, IF ANY: