Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89

OIL CONSERVATION DIVISION

WE	LL API NO.	
	30 - 01 5-23910	
5.	Indicate Type of Lease STATE	FEE X
6.	State Oil & Gas Lease No.	

P.O. Box 1980, Hobbit, IAM 88240	P.O. Box 20		30 - 01 5-2	3910		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	Santa Fe, New Mexic RECEIVE 2088	5. Indicate Type of Lease STATE FEE X			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		- 5 1992	6. State Oil & Gas Lease I			
SUNDRY NOTICES	AND REPORTS ON WE	o. C. D.				
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIF (FORM C-101)	7. Lease Name or Unit Agreement Name					
. Type of Well: Oil. GAS. WELL X WELL	OTHER		Ogden			
Name of Operator			8. Well No.			
Bird Creek Resources, In Address of Operator	c. •		9. Pool name or Wildcat			
810 S. Cincinnati, Suite	11 0 - Tulsa, OK	74119	Loving Delawa	re		
Well Location Upit Letter A : 430			Feet From The _	East	Line	
Section 7	Township 24-5 R	ange 28	Nadem Edd	y	County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)				
Check App	ropriate Box to Indicate		Report, or Other Data	, , , , , , , , , , , , , , , , , , ,		
NOTICE OF INTEN		SU	BSEQUENT REPO	RT OF:		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTER	TERING CASING		
PEHPOHM REMEDIAL WORK					AND ABANDONMENT	
EMPORARILY ABANDON	DEMENT JOB					
ULL OR ALTER CASING		[
THER:		OTHER:				
 Describe Proposed or Completed Operations work) SEE RULE 1103. 	(Clearly state all pertinent details, a	and give pertinent dates, inc	iuding estimated date of startin	g any proposed		
1) Set 5 1/2 CIBP at 45 2) Load hole W/mud	600' cap W/7 sacks	of cement				
3) Spot 40 sacks of cen						
4) Cut and pull 5 1/2 c5) Spot 35 sacks of cen	casing at 169/' ment at 1747' 50' i	n 50' out of 5	1/2 stub W.O.D. 1	tag at 171	1'	
6) Spot 21 sacks of cen	ment at 1711'	`				
7) Spot 60 sacks of cer 8) Spot 14 sacks of cer	ment at 550'	weld on plate	suctace nine	Post	ID-	
8) Spot 14 sacks of cer	nent at surrace and	werd on prace	Sarrace pro	Post-	7-92 1 1	
I hereby certify that the information above is true and	complete to the best of my knowledge a	nd belid. Supervisor		2/2	8/92	
SKINATURE THE SUPERVISOR						
TYPE OR PRINT NAME			11	LEPHONE NO.		
(This space for State Use)		B 110	211	(x/u	6	

CONDITIONS OF APPROVAL, IF ANY: