DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISTON P.O. Box 2088

METT	API	NC),
20	Δ1	_	201

30-015-25191

DISTRICTH	Santa Fe, New Mexico	87504-2088	
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			STATE X FE. 6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOI	S AND REPORTS ON WEL SALS TO DRILL OR TO DEEPEN R. USE "APPLICATION FOR PER FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Skeen
1. Type of Well:			
MEIT X MEIT	OTHER	<u>, </u>	
2 Name of Operator Bird Creek Resources, Inc	· ;		8. Well No. 1
3. Address of Operator 1413 S. Pogston, Suite 500	The Ole lebene 74	110	9. Pool name or Wildcat
1412 S. Boston, Suite 500	, Tuisa, Okianoma 74.	119	Undesignated Delaware
Unit Letter K : 1750	Feet From The South	Line and1980	Feet From The West
Section 28			IMPM Eddy Co
	10. Elevation (Show whether a 3154 RKB	DF, RKB, RT, GR, etc.)	
11. Check App	ropriate Box to Indicate N	Nature of Notice, Re	port, or Other Data
NOTICE OF INTEN	•		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDON IE
PULL OR ALTER CASING	•	CASING TEST AND CEI	MENT JOB .
OTHER:		OTHER:	
12. Describe Proposed or Completed Operations	Clearly state all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting any propost
work) SEE RULE 1103.			
10/22/96 Removed well head and stre Casing parted @ 1896'. La	etched 7 5/8" casing. aid down casing.	Shot casing at	4200' w/ Nitro.
RIH w/ tubing, circulate h	nole w/ 10# mud, spot	100 sks cement f	rom 4250'-4116'.
10/23/96 Spot 170 sks cement 2087'-	1860'. Tagged cement	·•	
10/24/96 Spot 150 sks cement from 3	.50' to surface. Inst	all dry hole mar	ker.
		-	
I hereby certify that the information above is true and or	Ampiete to the pest of my knowledge and b	Production Mana	ager 11/11/96
SIGNATURE WARD TO A POUR	don	E	918-582-7713
TYPE OR PRINT NAME Wade J. Alexan	der.		TELEPHONE NO.
(This space for State Use)		7.10.	1 3-319

CONDITIONS OF AFFROVAL F ANY: