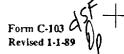
	Santa re File		
Submit 3 Copies to Appropriate District Office	BLM	T	
	Land Office		
	B of M		
	Operator		

State of New Mexico Energy, Minerals and Natural Resources Department



District Office Operator Chergy, Whiterars and Natural Resource	•	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-015-26321
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504	Santa Fa Navi Marriag 97504 2009	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	FP 17 '90	5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
	. С. р	
SUNDRY NOTICES AND REPORTS ON WELLSARTESIA, OFFICE (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
1. Type of Well: OIL GAS WELL X WELL OTHER		Caviness-Paine
2. Name of Operator		8. Well No.
Bird Creek Resources, Inc. 3. Address of Operator		1
810 S. Cincinnati, Ste. 110, Tulsa, Ok. 74119		9. Pool name or Wildcat East Loving Delaware
Unit Letter I : 2105 Feet From The South	Line and 560	Feet From The East Lin
Section 15 Township 23S Range	28E	NMPM Eddy County
10. Elevation (Show whether DF, RKE 3005 'KB	B, RT, GR, etc.)	NMPM County
11. Check Appropriate Box to Indicate Nature	e of Notice, R	eport, or Other Data
NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REME	EDIAL WORK	ALTERING CASING [
EMPORARILY ABANDON CHANGE PLANS COM	MENCE DRILLING	GOPNS. PLUG AND ABANDONMENT
NIII OR ALTER CACING	NG TEST AND CE	[
OTHER: <u>Change Lease Name</u> X OTHE	ER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pwork) SEE RULE 1103.	vertinent dates, includ	ding estimated date of starting any proposed
Lease name changed from Caviness-Payne to Cavin	ness-Paine.	Past ID-3 9-21-90 chy well-name
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TILE	Agent	date 9-12-90
TYPEOR PRINT NAME Bill M. Burks	918-582-38	355 TELEPTIONE NO.
(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT		Sep _{1 8} 1990

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