

Santa Fe	
File	
BLM	
Land Office	
B of M	
Operator	

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

SEP 17 '90

WELL API NO. 30-015-26321
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Caviness-Paine
8. Well No. 1
9. Pool name or Wildcat East Loving Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3005' KB

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Bird Creek Resources, Inc.
3. Address of Operator 810 S. Cincinnati, Ste. 110, Tulsa, Ok. 74119
4. Well Location Unit Letter I : 2105' Feet From The South Line and 560' Feet From The East Line Section 15 Township 23S Range 28E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Change Lease Name <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Lease name changed from Caviness-Payne to Caviness-Paine.

Post ID-3
9-21-90
ch
will name

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	9-12-90		
TYPE OR PRINT NAME	Bill M. Burks	918-582-3855	TELEPHONE NO.

(This space for State Use)

APPROVED BY	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II	TITLE	DATE
			SEP 18 1990

CONDITIONS OF APPROVAL, IF ANY: