## State of New Mexico

Form C-103

to Appropriate District Office	Energy, Namerals and Natural Resources Department			Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO P.O. Box 208		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		30-015-20 5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JUN 13	'Off ST 6. State Oil & Gas Lease N	ATE FEE XX
( DO NOT USE THIS FORM FOR PE DIFFERENT RESE	TICES AND REPORTS ON WEL ROPOSALS TO DRILL OR TO DEEPEN ERVOIR. USE "APPLICATION FOR PEI C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agr	reement Name
1. Type of Well: OIL GAS G	-		Siebert	
MET [X] MET [	OTHER			
2. Name of Operator			8. Well No.	
Bird Creek Resourc  3. Address of Operator	es, Inc.			
	EEO Mulas Olds	74110	9. Pool name or Wildcat	
4. Well Location	. 550, Tulsa, Okla.	/4119	Und. East Lo	ving Delaware
	35 Feet From The North	Line and 535	Feet From The	East Line
			rearrow rise	Line
Section 15			NMPM I	Eddy County
	10. Elevation (Show whether 2992.	•		
	Appropriate Box to Indicate 1		-	
NOTICE OF IN	TENTION TO:	SUBS	SEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERI	NG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DLUG A	ND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB			
OTHER:	· ·	OTHER:		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinent details, an	d give pertinent dates, includi	ing estimated date of starting	any proposed
CMT: ls	Salt. Ope sx to surf d Stage: 1000 sx Ha 100 sx Cla Close DV t	LTC Casing s Poz 50/50; 2% En DV tool. C Face Illiburton Lig Iss C + 2% Cal Ecool. Circ. 1	R-Caliper. Raset @ 6219'. Gel. 150 sx Circ 6 hrs. Ci ght + 12 lbs S Lcium Chloride 190 sx to surf WO Completion	H + 5% rc 140 Salt.
	DV Tool @	3075'		
Therefore and the three transfers the second	and annual do to the best of a vive			-
i nereoy certify that the information above is tru	ue and complete to the best of my knowledge and i	3 1		
SIGNATURE ///CELLO	m	Agent Agent	DATE	6-11-90
TYPE OR PRINT NAME O. H. F	Routh		TELE	PHONE NO 9 15 - 687 - 032
MALK	GINAL SIGNED BY (E WILLIAMS			JUN 1 5 1990
APPROVED BY SUF	PERVISOR, DISTRICT IF	£	DATE	
CONDITIONS OF APPROVAL, IF ANY:	-			