

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

MAY 24 '90

WELL API NO.

30-015-26322

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

Bird Creek Resources, Inc.

3. Address of Operator

1412 S. Boston Ste. 550 Tulsa, Okla 74229

4. Well Location

Unit Letter A : 535 Feet From The North Line and 535 Feet From The East Line

Section 15 Township 23 S Range 28 E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

2992.6 GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

5-20-90 Spud well @ 6 PM 5-19-90. Drill 12 1/4" hole to 510'. Ran 12 jts of 8 5/8" 24 lbs J-55 STC Casing. Set @ 510' and cemented w/350 sx Class C + 2% CaCl₂. Circ 50 sx to surface. PD @ 8AM 5-20-90. WOC 18 hrs. Cut off csg. NU wellhead & BOP. Tested casing & BOP to 2000 psi 30 min - OK.

5-21-90 Drilling @ 518'.

5-22-90 Drilling @ 1244'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE O. H. Routh TITLE Agent DATE 5-22-90

TYPE OR PRINT NAME O. H. Routh TELEPHONE NO. 915-687-0323

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE MAY 29 1990

CONDITIONS OF APPROVAL, IF ANY: