

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

WELL API NO. 30-015-26328

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 74119

4. Well Location  
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line  
Section 14 Township 23S Range 28E NMPM Eddy County

7. Lease Name or Unit Agreement Name

Trachta

8. Well No.

1

9. Pool name or Wildcat  
East Lovington Delaware

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

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.

4-21-90 Spud Well @ 4:15 PM 4-20-90. Drill 500' of 12 1/4" Hole. Ran 12 jts. 8 5/8" 24 lbs J-55 STC Casing. Set at 500'.

4-22-90 Drlg. @ 577'. Cement 8 5/8" w/350 sx Class C + 2% CaCL2 + 1/4 lb/sk Celloseal. Circ 5 sx to Pit. PD @ 8:00 a.m. 4-21-90. WOC 7 hrs. Test casing to 1,000 PSI - 30 min. OK. Cut off csg, install & test wellhead. NU & Test BOP to 1,000 PSI - 30 min. OK.

4-23-90 Drilling @ 1,277'

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 4-23-90

TYPE OR PRINT NAME O.H. Routh

TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: