

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

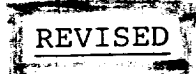
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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 17 '90

WELL API NO.	30-015-26328
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Trachta
8. Well No.	1
9. Pool name or Wildcat	E. Loving Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	2995.2 GR

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, Oklahoma

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 14 Township 23 S Range 28 E 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 ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☒
OTHER: ☐	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 24 lbs J-55 STC Csg. Set @ 500'.
4-22-90 Drlg @ 577'. Cement w/350 sx Class C + 2% CaCl2 + 1/4 lb/sk Celloseal. Circ 5 sx to pit. PD @ 8AM 4-21-90. WOC 18 hrs. Test csg to 2000 psi for 30 min - OK. Cut off casing, install and test wellhead. NU & test BOP to 2000 psi - 30 min. OK.
4-23-90 Drilling @ 1277'.

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 5-15-90
TYPE OR PRINT NAME O. H. Routh TELEPHONE NO. 915-687-032

(This space for State Use)
APPROVED BY R. J. [Signature] TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: