

Submit 3 Copies  
to Appropriate  
District Office

Santa Fe		
BLM		
Land Office		
B of M		
Operator		

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsf  
dp

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

AUG 29 '90

O. C. D.

WELL API NO.  
30-015-26331

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

RGA

8. Well No.  
3

9. Pool name or Wildcat  
East Loving Delaware

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, Ok. 74119

4. Well Location  
Unit Letter M : 760 Feet From The South Line and 760 Feet From The West Line

Section 14 Township 23X Range 28E NMPM Eddy County

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

2991.7' GR 3006' KB

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.

8-23-90 Drill to 6250'. Circulate hole clean. POH. Log w/GR-CNL-DLL-MLL-Cal

8-24-90 POH. LD DC & DP. Ran 147 jts 5 1/2" 15.5# J-55 csg & set at 6250'.  
Cmt in 2 stages (DV tool set at 3123'): 1st stage 725 sx 50-50 Poz H, 2%  
gel, 5#/sx NaCl. Tail in w/150 sx Class C, 3/10% CF-14, 2/10% TF-4  
Flushed & bumped plug a 3PM, 1250#. WOC 6 hrs. 2nd stage 550 sx Lite C,  
6% gel, 15#/sx NaCl. Tailed in w/50 sx Class C, 2% CaCl2, 5% NaCl. Circ  
305 sx. WOC. Cut off csg & WO completion unit.

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 8-24-90

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

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 31 1990

CONDITIONS OF APPROVAL, IF ANY: