

Santa Fe		
File		
BLM		
Land Office		
B of M		
Operator		

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

SEP 17 '90

WELL API NO. 30-015-26448
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Caviness-Paine
8. Well No. 2
9. Pool name or Wildcat East Loving Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2994' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO 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 810 S. Cincinnati, Suite 110, Tulsa, Ok. 74119
4. Well Location Unit Letter <u>P</u> : <u>760</u> Feet From The <u>South</u> Line and <u>630</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>23S</u> Range <u>28E</u> NMPM <u>Eddy</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2994' GR

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: <u>Location change</u> ☒	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.

Location changed from 760' FSL & 660' FEL to 760' FSL & 630' FEL to accomodate surface owner.

Post ID-1
9-21-90
Amund Loc.

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 9-12-90

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 MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT II DATE SEP 18 1990

CONDITIONS OF APPROVAL, IF ANY:

718-582-5865

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-123
Revised 1-1-4

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1500, Hobbs, NM 88240

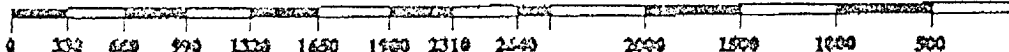
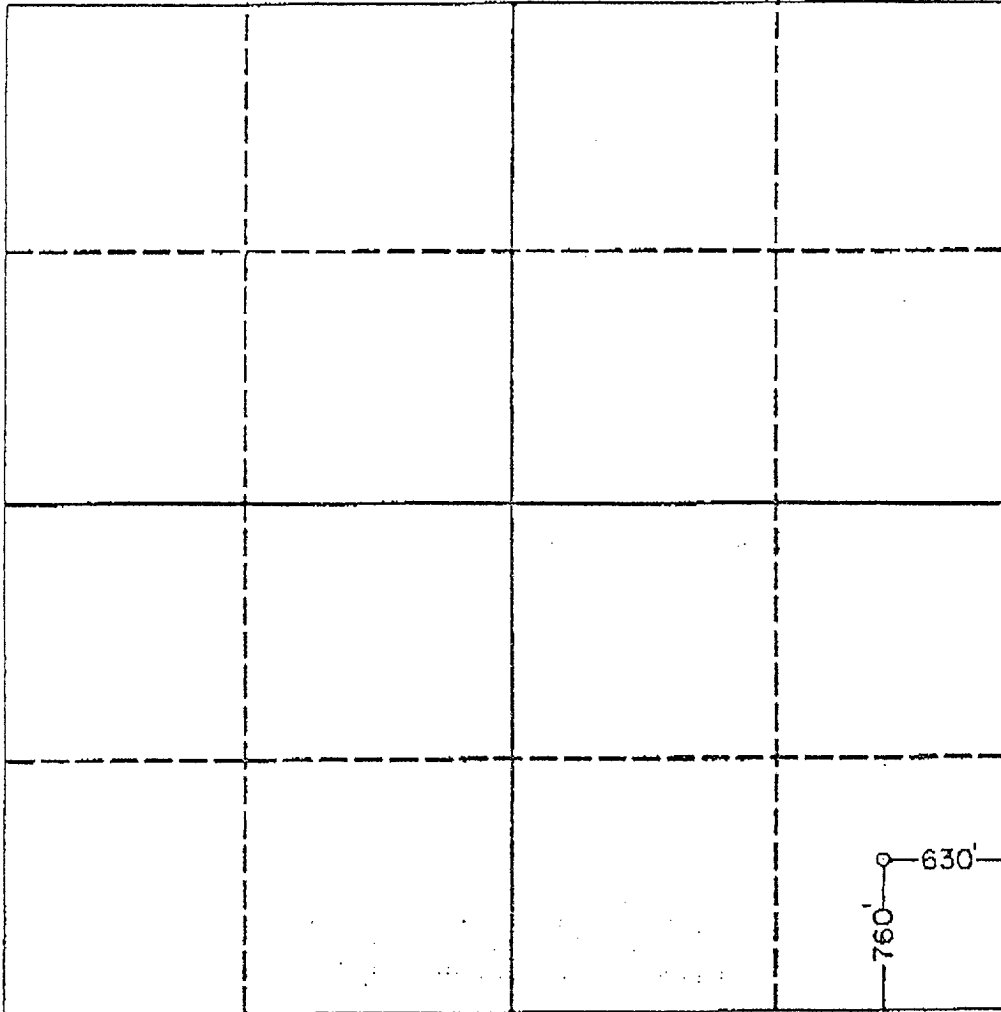
DISTRICT II
P.O. District DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator BIRD CREEK RESOURCES, INC.			Lease Caviness Paine		Well No. 2
Unit/Letter P	Section 15	Township 23 South	Range 28 East	County Eddy	NMFS
Actual Footage Location of Well: 760 feet from the South line and 630 feet from the East line					
Ground Level Elev. 2994.0	Producing Formation Delaware	Pool South Line Delaware	Dedicated Acreage: 40 Acres		
1. Outline the acreage dedicated to the subject well by colored pencil or ballpoint marker on this plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? ☒ Yes ☐ No If answer is "yes" type of consolidation <u>Force Pooling</u> If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, force-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.					



OPERATOR CERTIFICATION

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

Signature

Printed Name

Position

Company

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of correct surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

July 5, 1990

Signature & Seal of
Professional Surveyor

