Submit 3 Copies to Appropriate District Office	Santa Fe		
	Engr.		
	BLM		
	Land Office		
	Mid-M		
	Operator		

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

RECEIVED
NOV 19 '90
RECEIVED
OCT 25 '90
O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-26471

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.)

7. Lease Name or Unit Agreement Name
WITT

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Bird Creek Resources, Inc. ✓

8. Well No. 1

3. Address of Operator
810 S. Cincinnati, Suite 110, Tulsa, Ok 74119

9. Pool name or Wildcat
East Loving Delaware

4. Well Location
Unit Letter 4 : 2060' Feet From The North Line and 800 Feet From The East Line

Section 15 Township 23S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3005' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☒	
OTHER: ☐		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.

10-18-90 Spud well @ 6:30 pm 10-17-90. Drill 12 ¼" hole to 488'. Circulate hole clean. TOH, Ran 8 5/8" 24# J-55 csq to 488'. Cement w/300 sx class C + 2% CaCl 2 + ¼#/sx cello-seal. Circulated 65 sx to pit. Plug down @ 3:30 AM 10-18-90.

10-19-90 WOC 18 hrs. TIH w/ 7 7/8" bit. Pressure test to 1500#, held ok. Drilled out plug.

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 10-22-90

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 NOV 2 3 1990

CONDITIONS OF APPROVAL, IF ANY: