

Santa Fe	
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

OCT 17 '90

O. C. D.

ARTESIA OFFICE

WELL API NO.
30-015-26486

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.

015-26486

9. Pool name or Wildcat

East Loving Delaware

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 74114

4. Well Location

Unit Letter 0 : 525 Feet From The South Line and 1980 Feet From The East Line

Section 15 Township 23S Range 28E NMPM Eddy County

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

2996' 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.

10-8-90 Spud well 4:30 pm 10-7-90. Drill 12 1/4" hole to 530'. Circ. hole clean. TOH. Ran 13 jts. 8 5/8" 24# J-55 STC csg. Set csg. @ 530'. Cmt. west-ern w/310 sx class C, 2% CaCl2, 1/2 #/sx cello-seal. Circulated 65 sx to pit. Plug down @ 1:00 am 10-8-90.

10-9-90 WOC 18 hrs. Cut csg. & WO head. NU BOP. Tst csg. & BOP to 2000#-held ok. RIH w/ 7 7/8 bit. Drill to 733'.

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 10-15-90

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 _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 26 1990