Submit 3 Copies to Appropriate District Office

Santa Fe	
File	
BLM	
Land Office	
U. S. G. S.	
Operator	

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

dsf
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

RECEIVED
OCT 5 '90
O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-26511

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
QUEEN

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 A : 580 Feet From The North Line and 580 Feet From The East Line

Section 22 Township 23S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
2993.7 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.

10-27-90 Spud 12 ¼" hole @ 2 PM. Drilled to 521'. Ran new 8 5/8", 24# J-55, STC csg. @ 0-521'. By Halliburton, cemented w/ 300 sxs. "C". Circulated 10 sxs. Plug down @ midnite.

10-28-90 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 11-1-90

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE NOV 6 1990

CONDITIONS OF APPROVAL, IF ANY: