Submit 3 Copies to Appropriate District Office

Santa Fe		
File		
NMOCD		
Land Office		
Transporter		
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
O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-26528

5. Indicate Type of Lease STATE [ ] FEE [X]

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
REID

1. Type of Well: OIL WELL [X] 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 O : 880 Feet From The South Line and 1980 Feet From The East Line

Section 14 Township 23-S Range 28-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
2985.9' 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	[X]		
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.

11-15-90 TD 6300'. Ran Atlas porosity & resistivity logs.

11-16-90 Ran new 5½", 15.5# J-55,LTC csg. to 6300'. By Halliburton, cemented with 1100 sxs. Lite, 15 pps salt, 1/4 pps flocele. Tailed with 150 sxs. "C", 5 pps salt. PD @ 5:15 AM. MO rig.

Operations transferred to R.B. Operating Co. effective 6 AM, 11-16-90. Please refer to Form C-104 for further details.

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 for B.C.R., Inc. DATE 11-16-90

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 23 1990

CONDITIONS OF APPROVAL, IF ANY: