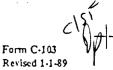
Submit 3 Copies Land Office to Appropriate P of M District Office Operator

APPROVED BY ---

State of New Mexico Energy, Minerals and Natural Resources Department



FEB 1 1 1991

Revised 1-1-89 OLL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 83240 WELL API NO. P.O. Box 2088 30-015-26592 Santa Fe, New Mexico 8 REGENTED i.O. Drawer DD, Anesia, NM 88210 5. Indicate Type of Lease FEE X STATE FEB 0 7 1991 1000 Rio Brazos Rd., Azicc, NM 87410 6. State Oil & Gas Lease No. O. C. D. SUNDRY NOTICES AND REPORTS ON WELANTESIA, OFFICE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well. Reid OAS WELL, ALTT X CHILL 2. Name of Operator 8. Well No. Bird Creek Resources, Inc. 3. Address of Operator 9. Pool name or Wildcat 810 South Cincinnati, Suite 110, Tulsa, OK 74119 East Loving Delaware Well Location _ Feet From The _ South 888 East Unit Letter _ Line and Feet From The Township 23-S Range 28-E

/// 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Section Eddy County 2981' GR 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 XX 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. TD 6300'. Ran Atlas logs. Ran new $5\frac{1}{2}$ ", 15.5#, J-55, LTC csg. @ 0 - 6300'. DV tool @3933'. By Halliburton, cemented first stage w/ 350 sxs. 50-50 Poz, tailed w/ 200 sxs. "C". PBTD 6253'. Opened DV tool, circ. 100 sxs. to surface. Cemented second stage w/ 1050 sxs. Lite, tailed w/ 100 sxs. "C". Plug down 2:45 p.m., 2-2-91. Did not circ. cmt. to surface. Operations transferred to R.B. Operating Co. 6 p.m. 2-2-91. See C-104. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TYPE OR PRINT NAME Bill M. Burks 918-582-3855 TELEPHONE NO. (This space for State Use)