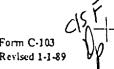
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Submit 3 Copies	Land Office	-	
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State of New Mexico Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 OLL CONSERVATION DIVISION ISTRICT P.O. Box 1980, Hobbs, NM 83240 WELL API NO. 30-015-26622 P.O. Box 2088 RECEIVED Santa Fe, New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEB 1 5 1991 FEE X DISTRICTIII STATE 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. O. C. D. ARTESIA, OFFICE SUNDRY NOTICES AND REPORTS ON WELLS (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: Caviness-Paine WELL X ODER 2. Name of Operator 8. Well No. Bird Creek Resources, Inc. 3. Address of Operator 9. Pool name or Wildeat 810 South Cincinnati, Suite 110 Tulsa, OK. 74119 East Loving Delaware 4. Well Location Unit Letter __ J : 2310 Feet From The _ South Line and 1650 Feet From The East 15 Range 28-E Section 23-S Township Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2996' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 Spud well 12:30 a.m., 2-4-91, w/12½" bit. Drilled to 501', circ., TOH. Ran 12 jts. 8 5/8", 24#, J-55 csg. @ 0-501'. By Western Co., cemented w/310 sxs. class "C" w/2% CaCl, 4 pps flocele. Circulated 30 sxs. to surface. Plug down @ 10:30 a.m. WOC. NUBOP. BOP and csg., OK. Drilled out w/7 7/8" bit.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIONATURE	Bill M. Burk	_ ппл	Agent	DATE 2-12-91	
THE OR PRINT NAME	Bill M. Burks		(918)582-3	855 TELEFINONE NO.	
This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAM			FEB 2 0 1991	
MIROYED BY	SUPERVISOR DISTRICT IF	mu		DATE	