

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.
30-015-26622

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
28613

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.)

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
BIRD CREEK, LLC

3. Address of Operator
7134 S. Velez, #600 Tulsa, OK. 74136

4. Well Location

Unit Letter **J** : **2310** feet from the **South** line and **1650** feet from the **East** line

Section **15** Township **23S** Range **28E** NMPM **Eddy** County

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

3010' KB

7. Lease Name or Unit Agreement Name:

Caviness Paine

8. Well No.

4

9. Pool name or Wildcat

East Loving Delaware

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

**Perforate additional Delaware 5133' - 5140' + 5142' - 5155
acidize + test. Frac if necessary. Appropriate BOP
Equipment will be utilized**



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **[Signature]** TITLE **Regulatory Analyst** DATE **10/3/01**

Type or print name **Robert Wadley**

Telephone No. **918-496-2626**

(This space for State use)

**ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

OCT 12 2001

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: