Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
JUL 05 1991
O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-26764

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
East Loving SWD

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER SWD Well

2. Name of Operator
Bird Creek Resources, Inc.

8. Well No.
1

3. Address of Operator
810 South Cincinnati, Suite 110 Tulsa, OK 74119

9. Pool name or Wildcat
East Loving Delaware

4. Well Location
Unit Letter A : 1157 Feet From The North Line and 491 Feet From The East Line

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

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3001' 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.

6-29-91 TD 9½" hole @ 4600'. TOH w/bit.

6-30-91 Ran 111 jts. 7" 23# J-55, LTC, csg. Set @ 0-4600'. By Halliburton, cemented w/ 1100 sxs. Lite "C", ¼ pps flocele, 18% salt. Tailed w/ 200 sxs. "C", ¼ pps flocele, 10% salt. PD @ 9AM. Circulated 190 sxs. cmt. to pit. RD Grace. Waiting on completion unit.

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

SIGNATURE Brad D. Burks / for BMB TITLE Agent DATE 7-1-91

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

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUL 12 1991

CONDITIONS OF APPROVAL, IF ANY: