Submit 5 Copies to Appropriate District Office

SING IN INCM WELLOO Minerals and Natural Resources Department

Form C-103

DISTRICT I P.O. Box 1980, Hobbs, NM \$2240

OIL CONSERVATION DIVISION P.O. Box 2088 CEIVED

Revised 1-1-89

 \square

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

Santa Fe, New Mexico 87504-2088 100 1 2 1991

		30-015-	26846
5.	Indicate	Type of Lease	

WELL API NO.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

work) SEE RULE 1103.

O. C. D. ARTESIA OFFICE

					TATE	<u></u>	FEE
6	State	Oil &	Gas	مععما	No.		

SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN	LLS ///////////////////////////////////		
(FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
I. Type of Well: Off CAS OTHER	Burkham		
2. Name of Operator Bird Creek Resources, Inc. √	8. Well No.		
3. Address of Operator 810 South Cincinnati, Suite 110 Tulsa, Ol	9. Pool same or Wildow K 74119 Undesignated Bone Spring		
Uzix Letter D: 560 Foot From The North			
Section 22 Township 23-S Ry	DF, RKB, RT, GR, etc.)		
	Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. X PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB X		
OTHER:	OTHER:		
12. Describe Proposed or Completed Operations (Clearly mass all pertinent details, an work) SEE RULE 1103.	d give pertinent dates, including estimated date of starting any proposed		

MIRU Grace #404 rig. Spud, 12 1/4" hole @ 12:01 AM, 10-3-91. Drilled to 321', lost circulation. Regained circulation w/ Fresh water after 4 hours. Drilled to 435', TOH. Ran 10 jts. 8 5/8", 24# J-55, STC csg. @ 0-435'. By Halliburton, pumped 100 sxs. HOWCO Thix-set followed by 300 sxs. class "C" (5 pps gilsonite, 1/2 pps flocele, 2% CaCl). Circulated 45 sxs. to surface. Bumped plug @ 3:45 PM 10-3-91, pressure held OK @ 1000#. WOC 19 hours. NUBOP. TIH w/ 7 7/8" bit. Tested csg. and BOP to 1200# for 30 min., held OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Signature: Agent. 10. 10. 01						
SIGNATURE Oracle). Oute	_ mu Agent		DATE 10-18-91		
TYPEORPRINTHAME Brad D. E	Burks		918-582-3855	TELEPHONE NO.		
MIKE	INAL SIGNED BY WILLIAMS	Wn s		OCT 2 4 1991		
CONDITIONS OF APPROVAL, IF ANY:				DATE		