

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		FEB 18 8 44 AM '92	
2. NAME OF OPERATOR Bird Creek Resources, Inc. ✓		CARL AREA RECEIVED	
3. ADDRESS OF OPERATOR 810 South Cincinnati, Suite 110 Tulsa, OK 74119		FEB 24 1992	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 640' FNL, 330' FEL, Unit A Sec. 3 T-23-S R-28-E		O. C. D. ARTESIA OFFICE	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3016.5' GR		12. COUNTY OR PARISH Eddy
		13. STATE NM	

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Production testing

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

A pulling unit was placed on this well 2-6-92 for completion purposes. Several sand stringers in the Delaware have been perforated and treated, and we are currently in the process of swab testing these individual stringers. This will continue until all load is recovered and economical production is achieved. We therefore submit NMOCD Form C-104 requesting a temporary testing allowable so that we may sell test oil and avoid any on-site accumulation. The C-104 is also being submitted the NMOCD office in Artesia for State approval. Our field supervisor, Mr. Keith Norvell, will notify your office prior to any oil liftings so that your personnel will have the opportunity to witness the operation.

918-582-3855

I hereby certify that the foregoing is true and correct

SIGNED Brad Burks

TITLE Brad Burks, Agent

DATE 2-13-92

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side