

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-16331

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BCR Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Undesignated

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

3- T23S-R28E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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.)

RECEIVED

API # 30-015-26891

O. C. D.

ARTESIA

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Bird Creek Resources, Inc.

3. ADDRESS OF OPERATOR

810 South Cincinnati, Suite 110 Tulsa, OK 74119

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
Section 3 T23S R28E

14. PERMIT NO.

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15. ELEVATIONS (Show whether DP, RT, OR, etc.)

3016.5' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐
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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) First production

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

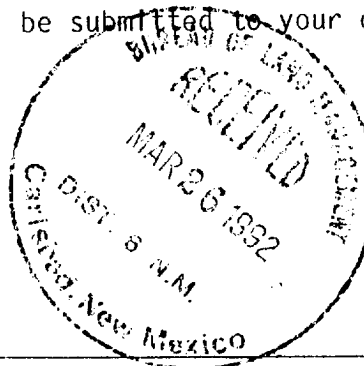
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(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)

We propose to begin producing this new well into its battery on Monday, 3-30-92. Since we have not recovered all of the load water used for stimulation, we want to produce the well to the battery for an accurate test. Upon testing, a NMOCD Form C-104 (Request For Allowable) will be submitted to both your office and the NMOCD, Artesia office. During this testing period, which should take less than 3 weeks, we will need to flare the gas and test for pipeline connection and compressor sizing. Any oil liftings will be performed under the 2000 Bbl. testing allowable approved by your office and the NMOCD. Keith Norvell, Field Operations Supervisor, will notify your office prior to test oil liftings.

A site security diagram of the battery will be submitted to your office within 2 weeks.



CONFIDENTIAL

18. I hereby certify that the foregoing is true and correct

SIGNED Brad D. Burks Brad D. Burks

TITLE Agent 918-582-3855

DATE 3-25-92

(This space for Federal or State office use)

APPROVED BY David A. Glass TITLE _____

DATE 3-27-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side