

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)

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.

2

10. FIELD AND POOL, OR WILDCAT

East Loving Delaware

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

Sec. 3-23S-28E

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.)

API#30-015-27043

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Bird Creek Resources, Inc.

3. ADDRESS OF OPERATOR

810 South Cincinnati, Suite 110 Tulsa, Oklahoma 74119

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

560' FNL, 1750' FEL, Unit B
Section 3 T23S R28E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3030' GL

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) Request Test Allowable

PLUG OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

During ongoing swab test operations, we have accumulated oil in a frac tank and would like to sell the test oil to avoid additional tank rental. A Form C-104 (NMOCD) is attached requesting a 1000 barrel test allowable. A copy is being sent to the NMOCD in Artesia for their approval.

Your office will be notified prior to lifting of test oil for witness purposes. The amount lifted will be reported on a Sundry Notice form.

A completion form will be submitted to your office once prospective Delaware zones have been tested.

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

SIGNED Brad D. Burks

TITLE Brad D. Burks, Agent

(918) 582-3855

DATE 7-27-92

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 8/5/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side