

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

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"/> API #30-015-23692		6. LEASE DESIGNATION AND SERIAL NO. NM-13413
2. NAME OF OPERATOR Bird Creek Resources, Inc.		7. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 810 South Cincinnati, Suite 110 Tulsa, Oklahoma 74119		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1880' FNL, 1980' FEL		8. FARM OR LEASE NAME Salt Draw "11" Fed. Com.
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 2973' GL		10. FIELD AND POOL, OR WILDCAT Wildcat N. San Lorenzo
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SUBST OR AREA Sec. 11-25S-28E
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 nodes pertinent to this work.)		12. COUNTY OR PARISH Eddy
		13. STATE NM

RECEIVED

NOV 5 1992

O. C. D.  
OCTOBER 1992

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

☐  
☐  
☐  
☐

(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 nodes pertinent to this work.)

MIRUPU. NUBOP. TOH w/ tbg. Set CIBP @ 6275', above Bone Spring perfs @ 6465-75'. Shot Delaware perfs @ 6191-6209', 15 holes. TIH w/ tbg. Acidize new perfs w/ 500 g. 15% acid. Swabbed back load and tested 100% water. Squeezed new perfs w/ 75 sxs. "C" cmt. WOC. Drilled out cmt., pressure tested squeezed perfs @ 6191-6209' to 2000#, held OK. Drilled out CIBP @ 6275'. Ran production equipment back in, put Bone Spring back on pump. On 10-12-92, tested 5 BOPD, 7 BWPD, gas used on lease.

See attached Form 3160-4

I hereby certify that the foregoing is true and correct

(918)-582-3855

SIGNED

Gary Mayfield

TITLE Gary Mayfield, Agent

DATE

10-14-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side