

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

45F  
DP

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87505

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

MAY 26 1992

API NO. (assigned by OCD on New Wells)
30-015-26745
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>				7. Lease Name or Unit Agreement Name  Purdy	
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				8. Well No. 1	
2. Name of Operator Bird Creek Resources, Inc.				9. Pool name or Wildcat East Loving Delaware	
3. Address of Operator 810 South Cincinnati, Suite 110 Tulsa, Oklahoma 74119					
4. Well Location Unit Letter B : 483 Feet From The North Line and 2110 Feet From The East Line Section 22 Township 23-S Range 28-E NMPM Eddy County					
		10. Proposed Depth 6250'		11. Formation Delaware	
13. Elevations (Show whether DF, RT, GR, etc.) 3007' GR		14. Kind & Status Plug. Bond Blanket		16. Approx. Date Work will start 7-1-92	
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12.25	8.625	24	0-320'	220	Surface
7.875	4.5	10.5	0-6250'	500	5000'

This is a re-permit to drill.

Lease No. 30-015-26745

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Brad D. Burks TITLE Agent DATE 5-21-92  
TYPE OR PRINT NAME Brad D. Burks TELEPHONE NO. 918-582-3855

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT II TITLE  DATE MAY 29 1992

CONDITIONS OF APPROVAL, IF ANY: