

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other
- 
2. NAME OF OPERATOR  
Bird Oil Corporation
- 
3. ADDRESS OF OPERATOR  
717 17th Street, Suite 2860, Denver, CO 80202
- 
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' FSL & 330' FWL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same
- 
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- |  |                         |
|--|-------------------------|
| 5. LEASE<br>NM-17184   |                         |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>NA                             |                         |
| 7. UNIT AGREEMENT NAME<br>NA   |                         |
| 8. FARM OR LEASE NAME<br>Bird-Federal 12                               |                         |
| 9. WELL NO.<br>12-13   |                         |
| 10. FIELD OR WILDCAT NAME<br>Wildcat                                   |                         |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 12, T19N-R5W  |                         |
| 12. COUNTY OR PARISH<br>McKinley                                       | 13. STATE<br>New Mexico |
| 14. API NO.  |                         |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br>DF 6570', KDB 6571', GL 6560' |                         |

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- |                      |                          |
|----------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> |

- |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

(other) Operations Report: May 10 to May 25, 1983

RECEIVED

JUN 2 1983

NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Date \_\_\_\_\_

5-10-83 Shut in.  
5-11-83 Set bridge plug, move up hole and perf.  
5-12-83 Treat w/15% HCl, swab back fluids.  
5-13-83 Retrieved bridge plug, ran tubing. Shut in pending engineering  
& geological evaluation.  
5-14-83 to  
5-25-83 Shut in.

Subsurface Safety Valve: Manu. and Type

Set @ SET. 3 Ft.

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

SIGNED Kevin S. Weller TITLE Production DATE 5-25-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

JUN 03 1983