

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
AUG 13 1991

WELL API NO. 30-015-23521
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS **O. C. D. ARTESIA OFFICE**
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Kimbley
2. Name of Operator BIRD CREEK RESOURCES, INC.	8. Well No. 1
3. Address of Operator 1412 S. Boston, Suite 550, Tulsa, OK 74119	9. Pool name or Wildcat N. Loving Brushy Canyon
4. Well Location Unit Letter <u>G</u> : <u>1830</u> Feet From The <u>North</u> Line and <u>2060</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>23S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,040' KB, 3,026' GL
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Change of operator</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
Effective July 1, 1991, Bird Creek Resources, Inc. became the new operator of the above described well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Cecilia A. Bowling TITLE Land Assistant DATE 8/7/91
TYPE OR PRINT NAME Cecilia A. Bowling TELEPHONE NO.

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: