

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**  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.
30-025-30221
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B 2264
7. Lease Name or Unit Agreement Name  State 22-1
8. Well No. 1
9. Pool name or Wildcat South Shoe Bar-Atoka

**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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Bird Creek Resources, Inc.	3. Address of Operator P.O. Box 21470 Tulsa, Okla. 74121
4. Well Location Unit Letter <u>D</u> : <u>660'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>17S</u> Range <u>35 E</u> NMPM Lea County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3949.8		

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

Estimated Starting Date 1/8/97

1. Cisco from 10,988-11080 tested non-productive
2. Set CIBP at 10,938 w/35' cement
3. Perforate Wolfcamp from 9642-9954 w/ 38 Jet shoots
4. Acidize w/ 5,000 gals. 15% HCL and test.
5. Frac if necessary.

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

SIGNATURE Wade J. Alexander TITLE Production Manager DATE 1/9/97  
TYPE OR PRINT NAME Wade J Alexander TELEPHONE NO. 918-582-7713

(This space for State Use)

ORIGINAL FILED IN DISTRICT OFFICE  
DATE 1/9/97

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 14 1997

CONDITIONS OF APPROVAL, IF ANY: