

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIF  
(Other instruction  
verse side)

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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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED	
2. NAME OF OPERATOR Presidio Exploration, Inc.		APR 10 '89	
3. ADDRESS OF OPERATOR 3131 Turtle Creek Blvd., Suite 400, Dallas, Texas 75219 C. L.		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 712' FWL Unit M		5. LEASE DESIGNATION AND SERIAL NO. NM-17103	
14. PERMIT NO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3247' GR		7. UNIT AGREEMENT NAME	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		8. FARM OR LEASE NAME Lee Federal	
		9. WELL NO. 5Y	
		10. FIELD AND POOL, OR WILDCAT Scanlon Delaware	
		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 25, T20S, R28E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Change of Operator <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 zones pertinent to this work.)			

Former Operator: Liberty Oil & Gas Corporation  
P.O. Drawer 810  
New Roads, Louisiana 70760

Effective date of change of operator is November 1, 1988.

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

SIGNED Kenneth Burr

TITLE Production Technician

DATE Dec 16, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side