

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other instructions  
verse side)

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <u>Drilling</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Liberty Oil &amp; Gas Corporation</u>		8. FARM OR LEASE NAME <u>Doris Federal</u>	
3. ADDRESS OF OPERATOR <u>1776 Woodstead Court, Suite 200, The Woodlands, Texas 77380</u>		9. WELL NO. <u>2</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1780' S &amp; 1980' E</u>		10. FIELD AND POOL, OR WILDCAT <u>Wildcat-Bone Spring</u>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3262.2' GR</u>	
		12. COUNTY OR PARISH <u>Eddy</u>	
		13. STATE <u>N.M.</u>	

16.

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

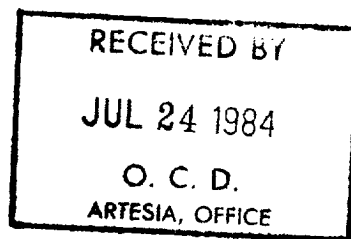
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Casing and Cement</u>	<input checked="" type="checkbox"/>		<input checked="" 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.)\*

7/1/84 Lost circulation @ 1470'. Ran a pill of mud and regained circulation @ 1573'.

7/2/84 Intermediate Casing T.D. 2717'. Ran 65 joints 8 5/8", 24#, J-55, ST&C casing and set @ 2710'. Set DV tool @ 1432'. 1st stage cemented with 400 sx Lite-wt 3 followed by 200 sx Hi-Early 2 cement. 2nd stage cemented with 400 sx Lite-wt 3 followed by 100 sx Hi-Early 2 cement. Circulated 5 bbls cement to surface. W.O.C. 15 hours. Pressure tested casing 1000 psi for 30 minutes.



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

SIGNED Larry W. Franklin TITLE Agent DATE 7/10/84

(This space for Federal or State office use)

APPROVED BY LWD TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUL 19 1984

\*See Instructions on Reverse Side

NEW MEXICO