

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISS
Drawer DP
SUBMIT IN TRIP.
Antesio (Other instructions on re-
view also 88270

30-013-24866
Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
4/87

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"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Liberty Oil & Gas Corporation ✓	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 1776 Woodstead Court, Suite 200, The Woodlands, Tx., 77380	8. FARM OR LEASE NAME Lee Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2100' FSL & 660' FWL	9. WELL NO. 4
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Wildcat-Bone Spring
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3266.1' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T20S, R28E
	12. COUNTY OR PARISH 13. STATE Eddy 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"/>
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 checked="" type="checkbox"/>
(Other)			

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)			

(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.)*

Intermediate Casing String:

Request approval to change from 9 5/8" to 8 5/8", 24.0#, ST&C casing and set at 2700'±. Also change hole size from 12 1/4" to 11".

Also request to run a DV tool and cement basket on the intermediate string at approximately 1420'±. Will two stage cement sufficient to circulate to surface.



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

SIGNED Jerry W. Franklin

TITLE Agent

DATE 4/30/84

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Post. atty
JD-1267 BR
5-11-84