

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

ARTESIA, NEW MEXICO, 88001
SUBMIT IN TRIPL
(Other instructions
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-17103

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lee Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Wildcat-Bone Spring

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 25, T20S, R28E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1.

OIL
WELL



GAS
WELL



OTHER

Drilling well

2. NAME OF OPERATOR

Liberty Oil & Gas Corporation

3. ADDRESS OF OPERATOR

1776 Woodstead Court, Suite 200, The Woodlands, Texas 77380

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3266.1' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

PULL OR ALTER CASING

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

REPAIRING WELL

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Casing and Cement

X

(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.)*

5/16/84 Spud 17 1/2" hole @ 5:00 P.M.

5/18/84 Surface casing T.D. 405'. Ran 9 joints 13 3/8", 54.5#, K-55, ST&C casing and set @ 405'. Cemented with 300 sx Lite cement followed by 200 sx of High Early 2 cement with 3% CaCl.(Dowell) P.O.B. 11:00 A.M. Circulated 210 sx of cement to surface. W.O.C. 12 hours. Pressure tested casing 1000 psi for 30 minutes.

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

SIGNED

Harry W. Franklin

TITLE

Agent

DATE

7/03/84

(This space for Federal or State office use)

APPROVED BY

[Signature]
JUL 9 1984

TITLE

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL IF ANY

Carlsbad

NEW MEXICO *See Instructions on Reverse Side

CARLSBAD, NEW MEXICO