

Drawer 5D

Form 3160-5-84, NM 88210  
November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

C/SF

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"/> Drilling <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-17103	
2. NAME OF OPERATOR Liberty Oil & Gas Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1776 Woodstead Court, Suite 200, The Woodlands, Tx. 77380		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990'/S & 712'/W		8. FARM OR LEASE NAME Lee Federal	
14. PERMIT NO.		9. WELL NO. 5-Y	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3247' GR		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 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"/>	FULL 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) <u>Production Casing &amp; Cement</u>	
(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.)\*

10/2/84 Total depth 6410'.

Ran 157 joints 5 1/2", 15.50#, K-55, LT&C casing and set at 6407'.  
DV tool set at 3668'.

Cement 1st stage with 900 sx Class 'C', 50/50 pozmix, 6# salt/sk, .3%  
CFR-2.

Cement 2nd stage with 355 sx Class 'C', 50/50 pozmix, 6# salt/sk, .3%  
CFR-2. Closed DV tool with 1550 p.s.i. at 11:15 P.M. 10/3/84. Rig  
released 4:30 A.M. 10/4/84.

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

SIGNED <u>Lucy W. Franklin</u>	TITLE <u>Agent</u>	DATE <u>10/11/84</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		

Carl [Signature]

NEW MEXICO

\*See Instructions on Reverse Side