

## OIL CONSERVATION DIVISION

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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

RECEIVED BY NOV 28 1984 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ARTESIA, OFFICE	BOX 2088 SANTA FE, NEW MEXICO 87501
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Liberty Oil & Gas Corporation	
Address 1776 Woodstead Court, Suite 200, The Woodlands, Texas 77380	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Lee Federal	Well No. 5-Y	Pool Name, including Formation Wildcat-Bone Spring	Kind of Lease State, Federal or Federal	Lease No. NM-17103
Location Unit Letter M ; 990' Feet From The South Line and 712' Feet From The West	Line of Section 25	Township 20S	Range 28E	NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	410 HS&L Building, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 25 20S 28E
	is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reservoir <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded 9/15/84	Date Compl. Ready to Prod. 10/17/84	Total Depth 6410'	P.B.T.D. 6370'
Elevations (DF, RKB, RT, GR, etc.) 3247' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 5572'	Tubing Depth 5443'
Perforations 5572-5592' (4 SPF)			Depth Casing Shoe 6407'

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	427'	400 sx(Circulated)
11.0"	8 5/8"	2545'	2075 sx(Circulated)
7 7/8"	5 1/2"	6407'	1255 sx(2 stages)
5 1/2"	2 7/8"	5443'	

## TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

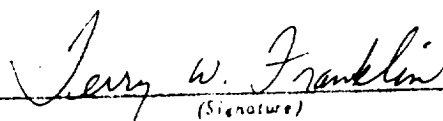
Date First New Oil Run To Tanks 10/17/84	Date of Test 10/30/84	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hours	Tubing Pressure 940	Casing Pressure pkf
Actual Prod. During Test 63 bbls	Oil-Bbls. 53	Water-Bbls. 10
		Choke Size 14/64
		Gas-MCF 1644

## GAS WELL IN OIL POOL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)

Agent

(Title)

11/27/84

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 1 1985, 19

BY Original Signed by

TITLE

This form is to be filed in compliance with RULE 111.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.