

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instruction on reverse side)

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

215F

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED BY OCT 21 1985 O. C. D. ARTESIA OFFICE		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 P.O. Drawer 810, New Roads, Louisiana 70760				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' FSL & 712' FWL				8. FARM OR LEASE NAME Lee Federal
				9. WELL NO. 5-Y
				10. FIELD AND POOL, OR WILDCAT SCANLON - DELAWARE East Avalon Bone Spring
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T20S, R28E
11. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3247' GR	12. COUNTY OR PARISH Eddy	13. STATE N.M.	

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"/>	

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) Perforating & treatment <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.)\*

10/14/85 Set C.I.B.P. @ 5560' and capped bridge plug with 35' of cement. Perforated intervals 5372-5384', 5393-5400', 5438-5448' (2SPF).

10/15/85 Acidized perfs with 2500 gallons Mod 101, 7 1/2% HCL acid.

10/16/85 Fraced perfs with 54,000# 20/40 sand, 15,000# 12/20 sand, 45,000 gallons 70 quality nitrogen foam frac.

10/17/85 Testing zone.

Post #10-2  
12-20-85  
PIA BS

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

SIGNED Larry W. Franklin

TITLE Agent

DATE 10/17/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 21 1985

\*See Instructions on Reverse Side