

NEW MEXICO OIL AND GAS COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
88210

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

95F

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Drilling</u>		<div>RECEIVED BY JUN 04 1985 O. C. D. ARTESIA, OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM-40256</u>																																				
2. NAME OF OPERATOR <u>Liberty Oil & Gas Corporation</u>			6. IF INDIAN, ALLOTTEE OR TRIBE NAME																																				
3. ADDRESS OF OPERATOR <u>P.O. Drawer 810, New Roads, Louisiana 70760</u>			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 <u>2310' FWL & 860' FSL</u>			8. FARM OR LEASE NAME <u>H.W. Stott Federal</u>																																				
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3202' GR</u>	9. WELL NO. <u>2</u>																																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <u>Avalon East-Bone Spring</u>																																					
NOTICE OF INTENTION TO: <table border="0"><tr><td>TEST WATER SHUT-OFF</td><td><input type="checkbox"/></td><td>PULL OR ALTER CASING</td><td><input type="checkbox"/></td></tr><tr><td>FRACTURE TREAT</td><td><input type="checkbox"/></td><td>MULTIPLE COMPLETE</td><td><input type="checkbox"/></td></tr><tr><td>SHOOT OR ACIDIZE</td><td><input type="checkbox"/></td><td>ABANDON*</td><td><input type="checkbox"/></td></tr><tr><td>REPAIR WELL</td><td><input type="checkbox"/></td><td>CHANGE PLANS</td><td><input type="checkbox"/></td></tr><tr><td>(Other)</td><td><input type="checkbox"/></td><td></td><td></td></tr></table>		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: <table border="0"><tr><td>WATER SHUT-OFF</td><td><input type="checkbox"/></td><td>REPAIRING WELL</td><td><input type="checkbox"/></td></tr><tr><td>FRACTURE TREATMENT</td><td><input type="checkbox"/></td><td>ALTERING CASING</td><td><input type="checkbox"/></td></tr><tr><td>SHOOTING OR ACIDIZING</td><td><input type="checkbox"/></td><td>ABANDONMENT*</td><td><input type="checkbox"/></td></tr><tr><td>(Other) <u>Casing & Cement</u></td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr></table> <small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>		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) <u>Casing & Cement</u>	<input checked="" type="checkbox"/>		
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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.)*		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 1, T21S, R27E</u>																																					
		12. COUNTY OR PARISH <u>Eddy</u>	13. STATE <u>N.M.</u>																																				

Surface, Intermediate, Production Casing & Cement

5/14/85 Spud 17 1/2" hole @ 4:00 P.M.
T.D. 437'. Ran 12 joints(437') 13 3/8", 54.5#, J-55, ST&C casing and set @ 437'. Cemented with 400 sx Class 'C', 2% CaCl. Circulated 20 sx cement to surface. W.O.C. 12 hours. Pressure tested casing 500 psi for 30 minutes.

5/20/85 T.D. 2547'. Ran 62 joints(2547') 8 5/8", 24.0#, J-55, ST&C casing and set @ 2547'. Cemented with 200 sx Thix-set Class 'C', followed by 1000 sx Hal-lite tailed in with 200 sx Class 'C', 2% CaCl. Circulated 300 sx cement to surface. W.O.C. 18 hours. Pressure tested casing 1000 psi for 30 minutes.

5/27/85 T.D. 5615'. Ran 137 joints(5615') 5 1/2", 15.5#, J-55, ST&C casing and set @ 5615'. D.V. tool set @ 3194.77'.
1st stage: Cemented with 225 sx Hal-lite followed by 425 sx Class 'C' 50-50 Poz-mix. Bumped plug @ 1:00 A.M. 5/28/85.
2nd stage: Cemented with 225 sx Class 'C' 50-50 Poz-mix. Bumped plug with 2000 psi @ 5:45 A.M. 5/28/85.

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

SIGNED Larry W. Franklin

TITLE Agent

DATE 6/03/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 3 1985

*See Instructions on Reverse Side