

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

RECEIVED BY
JUN 11 1985
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

I. Operator Liberty Oil & Gas Corporation

Address P.O. Drawer 810, New Roads, Louisiana 70760

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Request 1500 bbl test allowable Perfs(Bone Spring 5528-5550, 4 SPF)
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>H.W. Stott Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Avalon East-Bone Spring</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-40256</u>
Location Unit Letter <u>V</u> ; <u>2310</u> Feet From The <u>West</u> Line and <u>860</u> Feet From The <u>South</u>				
Line of Section <u>1</u> To <u>ashls</u> <u>21S</u> Range <u>27E</u> , NMPLA, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3119, Midland, Texas 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>V</u>	Sec. <u>1</u>	Twp. <u>21S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>No</u>	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Plane of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. 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.

Jerry W. Franklin
(Signature)

Agent
(Title)

June 10, 1985
(Date)

OIL CONSERVATION DIVISION
JUN 17 1985

APPROVED _____, 19____
BY _____
Original Signed By
Les A. Clements
TITLE _____
Supervisor - District II

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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 condition. Separate Forms C-104 must be filed for each pool in multiple wells.