

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

c15F

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	RECEIVED BY	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Liberty Oil & Gas Corporation	SEP 25 1985	8. FARM OR LEASE NAME H.W. Stott Federal
3. ADDRESS OF OPERATOR P.O. Drawer 810, New Roads, Louisiana 70760	O. C. D.	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FWL & 860' FSL SE/4 SW/4		10. FIELD AND POOL, OR WILDCAT Avalon East-Bone Spring
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3202' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T21S, R27E
		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

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PULL OR ALTER CASING

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☐
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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Treatment & Set C.I.B.P.

(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.)*

6/05/85 Perforated Bone Spring 5528-5550' with 4 SPF.

6/06/85 Treated perms with 2000 gallons 15% HCL acid and 10% Acetic acid by volume. Fraced perms with 22,500# 20/40 sand and 18 tcns of CO₂.

Testing Bone Spring formation.

9/04/85 Set C.I.B.P. at 5000'. Placed 35' of cement on C.I.B.P. Perforated Delaware formation 2768-2774', 2864-2880' with 2 SPF.

9/05/85 Treated perms with 500 gallons HCL acid. Fraced perms with 55,000# 20/40 sand and 23,000# 10/20 sand.

Testing Delaware formation.

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

SIGNED

Levy W. Franklin

TITLE

Agent

DATE

9/16/85

(This space for Federal or State office use)

APPROVED BY

RECEIVED RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 23 1985

*See Instructions on Reverse Side