

OIL CONSERVATION DIVISION

P. O. BOX 2088

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JUN 12 1985 REQUEST FOR ALLOWABLE
ANDNOTIFICATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

Liberty Oil and Gas Corporation

Address

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7-17-85If change of ownership give name
and address of previous ownerUNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
H.W. Stott Federal	1	Avalon East-Bone Spring	State, Federal or Fee Federal	NM-40256

Location

Unit Letter S : 1980 Feet From The West Line and 1980 Feet From The SouthLine of Section 1 Township 21S Range 27E , 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 3119 Midland, Texas 79702
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. Is gas actually connected? When
	S 1 21S 27E 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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest.	Diff. Res.
	X		X				X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4/27/85	5/28/85	5615'	5560'					
Elevations (DF, RKB, AT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3197' GR	Bone Spring	5504'	5463'					
Perforations	Depth Casing Shoe							
5504-5511', 5514-5526' (4 SPF, 76 holes, .24" holes)	5615'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	419'	400 SX
12 1/4"	8 5/8"	2550'	1400 SX
7 7/8"	5 1/2"	5615'	645 SX
5 1/2"	2 7/8"	5463'	

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 greater than 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.)
5/31/85	6/05/85	Flowing
Length of Test	Tubing Pressure	Casing Pressure
24 hours	800 psi	PKR
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
108 bbls	105	3
		Gas-MCF
		225

GOL 2143:1

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Jerry W. Franklin

(Signature)

Agent

(Title)

6/11/85

(Date)

OIL CONSERVATION DIVISION

JUN 14 1985

APPROVED _____, 19

BY _____
Original Signed By
Les A. ClementsTITLE _____
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

