

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
verse side)

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

clsf

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Presidio Exploration, Inc.

3. ADDRESS OF OPERATOR  
3131 Turtle Creek Blvd., Suite 400, Dallas, Texas 75219

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

1980' FSL & 1980' FWL Unit S

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3197' GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM-40256

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
H.W. Stott Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Avalon Bone Spring, East

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 1, T21S, R27E

12. COUNTY OR PARISH  
Eddy

13. STATE  
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) Change of Operator ☒

(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.)

Former Operator: Liberty Oil & Gas Corporation  
P.O. Drawer 810  
New Roads, Louisiana 70760

Effective date of change of operator is November 1, 1988.

RECEIVED

APR 4 11 19 AM '89

APR 4 1989

ACCEPTED FOR RECORD

APR 4 1989

CARLSBAD, NEW MEXICO

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

SIGNED Kenneth Burr  
Kenneth Burr

TITLE Production Technician  
214-528-5898

DATE Dec. 16, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side