

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

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

C/SF

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 <u>Drilling</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM-15873</u>
2. NAME OF OPERATOR <u>Liberty Oil & Gas Corporation</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>1776 Woodstead Court, Suite 200, The Woodlands, Texas 77380</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>1780'/S & 1980'/E</u>		8. FARM OR LEASE NAME <u>Doris Federal</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3262.2' 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>Wildcat-Bone Spring</u>
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>Sec. 26, T20S, R28E</u>
		12. COUNTY OR PARISH <u>Eddy</u>
		13. STATE <u>N.M.</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Casing and Cement</u>	<u>XX</u>
(Other)		(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.)*

6/27/84 Spud 17 1/2" hole @ 8:00 P.M.

6/28/84 Surface Casing T.D. 425'.

Ran 11 joints of 13 3/8", 54.5#, J-55, ST&C casing and set @ 416'. Rig up Dowell and cemented with 175 sx Lite-wt. 3 followed by 200 sx of Hi-Early 2 cement. Circulated 43 sx of cement to surface. W.O.C. 12 hours. Pressure tested casing 500 psi for 30 minutes.

RECEIVED BY
JUL 24 1984
O. C. D.
ARTESIA, OFFICE

I hereby certify that the foregoing is true and correct
SIGNED Terry W. Franklin TITLE Agent DATE 7/09/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUL 19 1984

[Signature]

NEW MEXICO

*See Instructions on Reverse Side