

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION
P. O. BOX 1000
ALBUQUERQUE, NEW MEXICO 87106

Form Approved.
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR
Flagstone Petroleum Corp. c/o Jubilee Energy

3. ADDRESS OF OPERATOR 79705
3100 N. "A", Bldg. E, Suite 103, Midland, TX

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(other)		

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

3-21-84 CIBP @ 5300' w/35 sx. on top. Cut 5" casing off @ 3400'.
3-23-84 35 sx. of Class "C". 3425' to 3375' tag.
3-24-84 30 sx. of Class "C". 806' to 724'.
3-24-84 10 sx. of Class "C". 33' to surface.
Installed Dry Hole marker.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED David L. Marshall TITLE President DATE 3-30-84

APPROVED BY Orig. Sgd. David L. Marshall TITLE AREA MANAGER DATE 4-24-87
(This space for Federal or State office use)
CARLOS R. RESOURCE AREA

30-025-28329

RECEIVED

APR 27 1987

OCD
HOBBS OFFICE