

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)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 "APPLICATION FOR PERMIT" for such proposals.)

| | | | |
|--|--|--|-----------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. USA NM 13418 | |
| 2. NAME OF OPERATOR Flag-Redfern Oil Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 2280 Midland, Texas 79702 | | 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 1980' & 660' FSL | | 8. FARM OR LEASE NAME Amoco-Federal | |
| 14. PERMIT NO. - | | 9. WELL NO. 5 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4371 GL | | 10. FIELD AND POOL, OR WILDCAT Tom-Tom (San Andres) | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-7-S, R-31-E | |
| | | 12. COUNTY OR PARISH Chaves | 13. STATE New Mexico |

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

NOTICE OF INTENTION TO:

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

Reinstatement and Extension
of drilling permit.

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

(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.) *

This location was permitted January 19, 1979 and extended on February 7, 1980, but the well has not been drilled. The location has been prepared and drilling should begin on approximately September 1, 1980, it is requested that the drilling permit be reinstated and extended for a period of three months.

U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED Peter W. Chester TITLE Drilling Superintendent DATE August 6, 1980

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTERTITLE ACTING DISTRICT ENGINEERDATE AUG 13 1980

CONDITIONS OF APPROVAL, IF ANY:

THIS APPROVAL IS RECALLED IF OPERATIONS
ARE NOT COMMENCED WITHIN 3 MONTHS.EXPIRES NOV. 13, 1980

*See Instructions on Reverse Side

NO NOTATION DIV.

AUG 20 1980

RECEIVED

RECEIVED

AUG 15 1980

O. C. D.

ARTESIA, OFFICE