

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

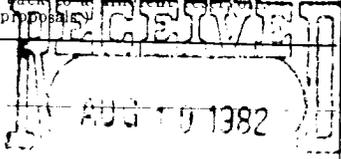
H. M. OIL CONS. COMMISSION
P. O. BOX 1000
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-19447

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well.
Use "APPLICATION FOR PERMIT" for such proposals.)



1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR FLAGSTONE PETROLEUM CORPORATION	8. FARM OR LEASE NAME EXXON FEDERAL
3. ADDRESS OF OPERATOR 1014 C & K Building, Midland, Texas 79701	9. WELL NO. 2 (was #3)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2250' FNL & 900' FEL of Sec. 8-26S-32E	10. FIELD AND POOL, OR WILDCAT E. Mason Delaware (Ext.)
14. PERMIT NO. --	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3212 G.L.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8-26S-32E
	12. COUNTY OR PARISH Lea
	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 <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"/>
Change Operator & Well Number <input checked="" type="checkbox"/>		(Other) <input type="checkbox"/>	
Extend time to spud well <input checked="" 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.)*

Former Well Designation: EQUITABLE PETROLEUM CORPORATION WELL #3 EXXON FEDERAL
New Well Designation: FLAGSTONE PETROLEUM CORPORATION WELL #2 EXXON FEDERAL

Copies of the Designation of Operator whereby Exxon Company, the record lessee, names Flagstone Petroleum Corporation as the new operator of this drilling tract are being mailed to you by Exxon today. We have a copy of the approved drilling program and we will comply with the conditions of the approval. Company representatives are:

Administrative	Field
Raymond H. Nicholas 1014 C & K Building Midland, Texas 79701 (Phone 915-683-2624)	Harold Burke 905 Neil P. Anderson Building Fort Worth, Texas 76102

The drilling of this well was approved on 9-4-81. Inasmuch as we are still testing and evaluating our No. 1 Exxon Federal well (NW-SW 9-26-31), it may be several months before we are ready to spud this well. We hereby request a ~~six-month~~ ^{six-month} extension of time to spud this well.

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

SIGNED James A. Gillham TITLE Agent DATE August 19, 1982

(This space for Federal or State office use)

APPROVED BY GEORGE H. STEWART TITLE _____ DATE _____
(Orig. Sgd.)

CONDITIONS OF APPROVAL, IF ANY:
AUG 19 1982

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side