

N. M. OIL CONS. COMMISSION

P. O. BOX 100

HOBBS, NEW MEXICO 88240

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

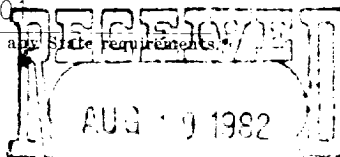
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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"/>	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. 3 (was #4)
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface 990' FNL & 1650' FEL of Sec. 8-263-32E	10. FIELD AND POOL, OR WILDCAT E. Mason Delaware (Ext.)
14. PERMIT NO. --	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8-26S-32E
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 3233' G.L.	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:

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"/>
Change Operator & Well Number <input checked="" type="checkbox"/>	
Extend time to spud well <input checked="" type="checkbox"/>	

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"/>	

(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 #4 EXXON FEDERAL  
New Well Designation: FLAGSTONE PETROLEUM CORPORATION WELL #3 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

Raymond H. Nicholas  
1014 C & K Building  
Midland, Texas 79701  
(Phone 915-683-2624)

Field

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 ~~one year~~ <sup>5-17-1982</sup> extension of time to spud this well.

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

SIGNED

James A. Knauf

TITLE Agent

DATE August 19, 1982

(This space for Federal or State office use)

(Orig. Sgd.) GEORGE H. STEWART

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAMES A. KNAUF  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side