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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER- Dry Hole
Name of Operator
Filon Exploration Corporation
Address of Operator c/o Minerals Management Inc.
501 Airport Drive Suite 210 Farmington, New Mexico 87401
Location of Well
UNIT LETTER HI 500 FEET FROM THE East LINE AND 1650 FEET FROM
THE South LINE, SECTION 36 TOWNSHIP 20N RANGE 5W NMPM.

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <u>L-1552-3</u>
7. Unit Agreement Name
8. Farm or Lease Name <u>State 36 A</u>
9. Well No. <u>1</u>
10. Field and Pool, or Wildcat <u>Wildcat</u>
12. County <u>McKinley</u>

15. Elevation (Show whether DF, RT, GR, etc.)

6629 Rt

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☒

16. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10-24-75

Well was plugged and abandoned as follows:

Plug #1	5597'-5447'	(150)	75	SX
Plug #2	4585'-4435'	(150)	75	SX
Plug #3	2555'-2405'	(150)	75	SX
Plug #4	270'-170'	(100)	50	SX
Plug #5	30'-0'	(30)	15	SX



CONFIDENTIAL

Dry hole marker was erected. Location cleanup has not been completed.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Drilling Manager

TITLE Minerals Management Inc. DATE 11-14-75

APPROVED BY Supervisor

TITLE SUPERVISOR DIST. #3

DATE 3-16-76

CONDITIONS OF APPROVAL, IF ANY: