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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 ☐

1. Name of Operator

Filon Exploration Corporation

2. Address of Operator c/o Minerals Management Inc.

501 Airport Dr., Suite 105, Farmington, New Mex. 87401

3. Location of Well

UNIT LETTER B 660' FEET FROM THE North LINE AND 1650' FEET FROM  
THE East LINE, SECTION 36 TOWNSHIP 20N RANGE 5W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
6648 Rt

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

L-1552-3

7. Unit Agreement Name

8. Farm or Lease Name

State 36 A

9. Well No.

2

10. Field and Pool, or Wildcat

Wildcat

12. County

McKinley

16.

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

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOB ☐

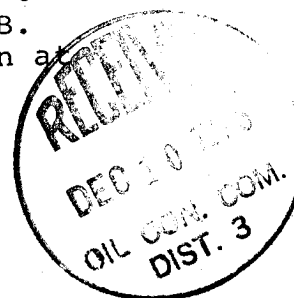
OTHER Surface Casing ☒

OTHER ☐

17. 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.

12-7-75

Spud 15" hole at 5:15 P.M. 12-7-75. Ran 5 Jts. 10 3/4"  
OD 40.50# K-55 LT&C casing. Casing landed at 214' KB.  
Cement with 200 sx Class "B" with 2% CaCl. Plug down at  
5:00 A.M. 12-8-75. Circulated good cement.



**CONFIDENTIAL**

NOTE: This is a tight hole.

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

SIGNED J. Arnold Swell

TITLE Area Manager  
Minerals Management Inc. DATE 12-8-75

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: