Form	9-331
(May	1963)

16.

UNITED STATES DEPARTMENT OF THE INTERIOR verse side)

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-11424. 5. LEASE DESIGNATION AND SERIAL NO.

· •	 , r/	\sim	,	 	•	•						
 	 			 		_		 		_	 	
				 		_	_	 _	٠.			_

SUNDRY NOTICES AND REPORTS ON WELLS

NOO-C-14-20-5792 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navaio	Allotted

(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.)	Navajo Allotted
OIL X GAS OTHER	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
2. NAME OF OPERATOR	O. FARM OR DEADS NAME
Filon Exploration Corporation	Navajo Alloted 25
3. ADDRESS OF OPERATOR C/O Minerals Management Inc.	
501 Airport Dr., Suite 105, Farmington, New Mex. 87401	10. FIELD AND FOOL, OR WILDCAT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1900' FEL, 660' FSL, SEC. 25, T20N, R5W	Sec. 25 - 20 N - 370
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
6646 RT	McKinley New Mex.

To Indicate Nature of Notice, Report, or Other Data

Check Approp	tiate box to indicate is	tainle of faulte, Report, of Omer De	···
NOTICE OF INTENTION T	ro:	SUBSEQUENT REPO	ORT OF:
FRACTURE TREAT MULTIN SHOOT OR ACIDIZE ABANDO	PLE COMPLETE ON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Surface Casing (Note: Report results of multicompletion or Recompletion Rep	ple completion on Well

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.)*

Spud 12 1/4" hole, 4:30 P.M. 2-23-76. Drill to 236'. 2-24-76 Run 5 joints (216') 8 5/8", 24#, K-55 casing. 229' with 165 sacks Class "B" cement with 2% Ca Cl. Circulate cement. Plug down 12:15

CONFIDENTIAL

18. I hereby certify that the foregoing is true and correct SIGNED J. Amold Spell	Area Manager TITLE Minerals Management	Inc _{DATE} 2-24-76
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE