| Form 9-331 (Mny 1963) | | | | | | | |
|---|--|---|--------------------------------|--|--|----------------------------------|--|
| | | CES AND REPO | | | 6. IF INDIAN, ALLO | TTEE OR TRIBE NAME | |
| I. OIL THE GAS | | | | | | 7. UNIT AGREEMENT NAME | |
| WELL LX WELL OTHER 2. NAME OF OPERATOR | | | | | 8. FARM OR LEASE NAME | | |
| Filon Exploration Corporation | | | | | Federal 21 | | |
| 3. ADDRESS OF OPERATOR C/O Minerals Management Inc. | | | | | 9. WELL NO. | | |
| 501 Airport 4. LOCATION OF WELL (See also space 17 bel At surface | Dr., Su Report location cle ow.) | 10. FIELD AND POOL, OR WILDCAT Wildcat 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | | | | |
| 2310 FSL, 2310 FWL, SEC, 21, T20N, R5W 14. PERMIT NO. 15. RLEVATIONS (Show whether DF, RT, GR, etc.) | | | | | SEC. 21 T20N R5W 12. COUNTY OF PARISH 13. STATE | | |
| | | 6775' GR, | 6787' K | В | McKinley | New Mexico | |
| 16. | Check App | propriate Box To Ind | icate Natui | e of Notice, Report, or C | Other Data | | |
| | | | | | UENT REPORT OF: | | |
| TEST WATER SHUT- | PT PT | ULL OR ALTER CASING |] | WATER SHUT-OFF | REPAIRI | NG WELL | |
| FRACTURE TREAT | м | ULTIPLE COMPLETE | | FRACTURE TREATMENT | ALTERIN | G CASING | |
| SHOOT OR ACIDIZE | A1 | BANDON* | _ | shooting or acidizing | ABANDOI | NMENT* | |
| REPAIR WELL | (Note: Report results | | | | | s of multiple completion on Well | |
| 17. DESCRIBE PROPOSED C proposed work. I nent to this work.) | f well is direction | ations (Clearly state all | pertinent det ace locations | alls, and give pertinent dates, and measured and true vertice | al depths for all ma | rkers and zones perti- | |
| Ran 5 jt Set at 2 | ts. (202. | 80') 10 3/4" Cement with | OD, 40 | 6. Drilled to .5#, ST&C casir Class "B" with | ng. | | |
| | | | | 7.7% | | | |
| | | | | | J. | L 53 137 3 | |
| | | | | ME CLESTER STREET | * | | |
| 18. I hereby certify tha | t the foregoing is | true and correct | Area | Manager | | | |
| SIGNED | Asnold , | hell TITI | | als Management | Inc DATE _7 | /21/76 | |

TITLE

DATE _

(This space for Federal or State office use)

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY:

1. 17 . - 0