

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM 24455 A  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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  GAS WELL  OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

8. FARM OR LEASE NAME

FILON EXPLORATION CORPORATION c/o Minerals Management Inc.

Federal 33

3. ADDRESS OF OPERATOR

874 01 WELL NO.

501 Airport Dr., Suite 210, Farmington, New Mexico

#1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

10. FIELD AND POOL, OR WILDCAT

Wildcat

1750 FSL, 2280 FWL Sec. 33 T21N, R5W

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 33, T21N, R5W

14. PERMIT NO.

15. ELEVATIONS (Show whether BF, RT, GR, etc)

6894 DF

12. COUNTY OR PARISH 13. STATE

Sandoval 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input 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.)\*

Operator proposes to abandon well. No commercial amounts of hydrocarbons were found. The following plugs will be set:

6268'-6418' - 65 SX  
5285'-5435' - 70 SX  
3255'-3405' - 85 SX  
194'- 244' - 35 SX  
0'- 30' - 15 SX

Dry hole marker will be erected. Verbal approval given to J. Arnold Snell by Jerry Long 7-26-75.

AUG 1 1975

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

SIGNED *J. Arnold Snell*

Area Manager

TITLE Minerals Management Inc. DATE 7-27-75

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: