

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐		GAS WELL ☐		DRY ☒		Other ☐							
b. TYPE OF COMPLETION:		NEW WELL ☒		WORK OVER ☐		DEEP-EN ☐		FLAG BACK ☐		DIFF. RESVR. ☐		Other ☐			
2. NAME OF OPERATOR Filon Exploration Corporation															
3. ADDRESS OF OPERATOR c/o Minerals Management Inc. 501 Airport Dr., Suite 210, Farmington, N.M. 87401															
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 330' FSL, 1650 FEL, SEC. 33, T21N, R5W At top prod. interval reported below At total depth															
14. PERMIT NO. _____ DATE ISSUED _____															
5. LEASE DESIGNATION AND SERIAL NO. NM 24455 A		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____													
7. UNIT AGREEMENT NAME _____															
8. FARM OR LEASE NAME _____															
9. WELL NO. <u>Federal 33</u> <u>#2</u>															
10. FIELD AND POOL, OR WILDCAT Wildcat															
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 33, T21N, R5W															
12. COUNTY OR PARISH Sandoval				13. STATE N.M.											
15. DATE SPUDDED 8-9-75		16. DATE T.D. REACHED 8-28-75		17. DATE COMPL. (Ready to prod.) 8-29-75		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7014 GR 7029 KB				19. ELEV. CASINGHEAD 7014					
20. TOTAL DEPTH, MD & TVD 6690		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS Yes		CABLE TOOLS					
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None										25. WAS DIRECTIONAL SURVEY MADE NO					
26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Induction Laterolog-CNL Density															
27. WAS WELL CORED															
28. CASING RECORD (Report all strings set in well)															
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD				AMOUNT PULLED			
10 3/4"		40.5#		216		15"		250 sx circulated				0			
29. LINER RECORD															
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		30. TUBING RECORD					
										SIZE		DEPTH SET (MD)		PACKER SET (MD)	
31. PERFORATION RECORDED (Interval, size and number)															
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. AMOUNT AND KIND OF MATERIAL USED															
33.* PRODUCTION DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumpjack, etc.) _____ WELL STATUS (Producing or shut-in) _____ DATE OF TEST _____ HOURS TESTED _____ CHOKE SIZE _____ PROD'N. FOR TEST PERIOD _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ GAS-OIL RATIO _____ FLOW, TUBING PRESS. _____ CASING PRESSURE _____ CALCULATED 24-HOUR RATE _____ OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ OIL GRAVITY-API (CORR.) _____															
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY _____															
35. LIST OF ATTACHMENTS _____															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records SIGNED <u>J. Amodeo</u> TITLE <u>Area Manager</u> DATE <u>11-5-75</u> Minerals Management Inc.															

*(See Instructions and Spaces for Additional Data on Reverse Side)