DEPARTN	JNITED STATES SUBMIT IN TO (Other Instruction Of THE INTERIOR verse side) EOLOGICAL SURVEY		Form approve Budget Bures 5. LEASE DESIGNATION NM 24455A	u No. 42-R1424
(Do not use this form for propos	CES AND REPORTS ON WELLS als to drill or to deepen or plug back to a different reservion FOR PERMIT—" for such proposals.)	ervoir.	6. IF INDIAN, ALLOTTER	OR TRIBE NAME
OIL GAS WELL OTHER			7. UNIT AGREEMENT NA	ME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
FILON EXPLORATION CORPORATION c/o Minerals Management In			. Federal	33
3. ADDRESS OF OPERATOR			9. WELL NO.	
501 Airport Dr., Suite 210, Farmington, New Mexico 87401			# 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. FIELD AND POOL, OR WILDCAT	
At surface		Wildcat		
330 FSL, 1650 FEL, Sec. 33, T21N, R5W			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
			Sec. 33,T21	N, R5W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH	
	7014 GR		Sandoval	N.M.

(Other)

(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.)*

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Cemental with
8-10-75 Ran 5 joints 10 3/4" 40.50# 217.38' casing. ∧ 250 sacks
Class "B" w/2% CaCl. Circulated good cement.
Casing set at 216 KB.

16.

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

RECEIVE

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set Casing

AUG 14 1975

U. S. GENLONICAL SURVEY

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18. I hereby certify that the foregoing is true and correct/	Area Manager	Inc DATE 8-12-75
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE