

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 33

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

SEC. 33, T21N, R5W

12. COUNTY OR PARISH 13. STATE

Sandoval

N.M.

1.

OIL ☒ GAS ☐
WELL WELL 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.*

See also space 17 below.)
At surface

330' FSL, 1650' FEL, SEC. 33, T21N, R5W

14. PERMIT NO.

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

7029 KB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☒(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 perti-
nent to this work.)*

Well was PXA on 8-29-75 as follows:

Plug #1	6424-6574	(150')	75	sacks
Plug #2	5407-5557	(150')	75	sacks
Plug #3	3368-3518	(150')	75	sacks
Plug #4	1299-1449	(150')	75	sacks
Plug #5	191-241	(50')	35	sacks
Plug #6	0-30	(30')	15	sacks

Dry hole marker erected.



NOTE: THIS IS A TIGHT HOLE

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

Area Manager

SIGNED

J. Arnold Shell

TITLE Minerals Management Inc DATE 11-5-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

