

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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

14-20--603-1557
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Abandon		7. UNIT AGREEMENT NAME Navajo Allotted	
2. NAME OF OPERATOR Filon Exploration Corporation		8. FARM OR LEASE NAME Navajo 22 A	
3. ADDRESS OF OPERATOR c/o Minerals Management Inc. 501 Airport Drive, Suite 210 Farmington, New Mexico 87401		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL 1650 FWL Sec. 22 T18N R4W		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T18N R4W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6435 RT		12. COUNTY OR PARISH Sandoval	
		13. STATE N. M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.) *

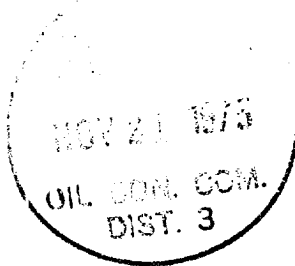
10-20-75

Well Plugged and Abandon as follows:

Plug #1	4690'-4540'	(150')	75 sx
Plug #2	3655'-3505'	(150')	80 sx
Plug #3	1500'-1400'	(100')	50 sx
Plug #4	395'-345'	(50')	35 sx
Plug #5	30'-0'	(30')	15 sx

Abandonment Marker erected 10-20-75
Location has been restored, but not reseeded

CONFIDENTIAL



18. I hereby certify that the foregoing is true and correct.
SIGNED J. Arnold Shell TITLE Minerals Management Inc. DATE 11-18-75
Area Manager

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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