

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.

NM 25819

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 29

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

Sec. 29, T21N, R7W

12. COUNTY OR PARISH

Sandoval

13. STATE

N.M.

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

FILON EXPLORATION CORPORATION c/o Minerals Management Inc.

3. ADDRESS OF OPERATOR

501 Airport Dr., Suite 210, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

2080' FNL, 2310' FEL, Sec. 29, T21N, R7W

14. PERMIT NO.

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

6834 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) Surface Casing

REPAIRING WELL

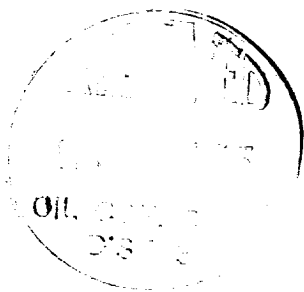
ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion or 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.)*

8-31-75 Ran 187' 10 3/4" K-55 40.5# ST&C casing.
Set at 202' with 250 sx Class "B" w/2% CaCl.
Cement circulated.



SEP 3 1975

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

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

SIGNED

J. Arnold Shell

Area Manager

TITLE Minerals Management Inc. DATE 9-2-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE