

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 25600

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 18

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 18, T20N R2W

12. COUNTY OR PARISH 13. STATE

Sandoval

N.M.

1. OIL ☒ GAS ☐ OTHER ☐ Abandon
WELL WELL

2. NAME OF OPERATOR

Filon Exploration Corporation

3. ADDRESS OF OPERATOR c/o Minerals Management Inc.

501 Airport Drive, 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

2130' FNL, 2000' FEL, Sec. 18, T20N, R2W

14. PERMIT NO.

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

6933 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

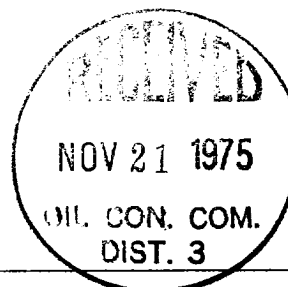
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well was Plugged and Abandon on 10-14-75 as follows:

Plug #1 5919'-6069' (150') 75 sx
Plug #2 4940'-5090' (150') 75 sx
Plug #3 3730'-3880' (150') 75 sx
Plug #4 2815'-2965' (150') 75 sx
Plug #5 840'- 990' (150') 75 sx
Plug #6 391'- 441' (50') 35 sx
Plug #7 0'- 30' (30') 15 sx

Dry hole marker erected. Location has not been restored.

CONFIDENTIAL



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

SIGNED

J. Arnold Sull

TITLE

Area Manager

Minerals Management

DATE 11-19-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: