UNITED STATES

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

PULL OR ALTER CASING

MULTIPLE COMPLETE

ARANDON*

CHANGE PLANS

SUBMIT IN TRIPLICATE*
(Other instructions on re-

Form approved. Budget Bureau No. 42-R1424.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

DEPARIMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY	NM 24961	
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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL CAS WELL OTHER Water Disposal 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.*	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Federal 11C 9. WELL NO. # 2 10. FIELD AND POOL, OR WILDCAT	
At surface 460' FSI, 800' FEI, Sec. 11 T19N, R4W 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6656 RT	Gallup 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 11, T19N, R4W 12. COUNTY OR PARISH 13. STATE Sandoval N.M.	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		

REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)*

WATER SHUT-OFF

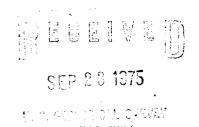
FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Run Surface Casing

Spud 12 1/4" hole 2:15 PM 9-19-75. Drill to 235'. Run 8 5/8" surface casing set @ 229'. Cement w/150 sx Class "B" cement w/2% CaCl. Plug down 9:30 PM 9-19-75. Circulated Cement





SUBSEQUENT REPORT OF:

18. I hereby certify that the foregoing is true and corn signed. Clinibly and By	Area Manager Minerals Management	DATE 9-22-75
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:		DATE