

MINERALS
MANAGEMENT INC.

SUITE 210, PETROLEUM CENTER BLDG.

501 AIRPORT DRIVE

TELEPHONE (505) 327-4441

FARMINGTON, NEW MEXICO 87401

October 20, 1975

Re: Initiation of Water
Injection Order No.
SWD-172

Mr. Al Kendrick
New Mexico Oil Conservation Commission
1000 Rio Brazos Rd.
Aztec, New Mexico 87410

Dear Al:

This will serve as notice that water injection was commenced on October 5th by Filon Exploration Corporation into its Federal 11C Well No PP located in Unit P of Section 11, T19N, R4W, Sandoval County, New Mexico. The water is injected into the Gallup formation down 2 7/8" plastic lined tubing through a packer set at 3003'. A well completion form is attached.

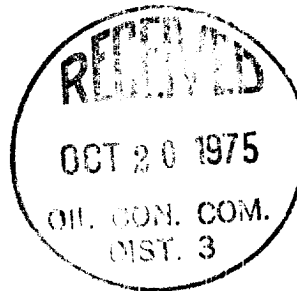
Verbal approval was given by Mr. Ulvog of your Santa Fe office to our Mr. J. Borgerdine on October 2nd. I received a copy of the Order today and noted the notification required to your office.

Yours very truly,

J. Arnold Snell
Area Manager

Attachment

JAS/vf



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other Disposal

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

LON EXPLORATION CORPORATION c/o Minerals Management Inc.

3. ADDRESS OF OPERATOR

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

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

At surface

460' FSL, 800' FEL, SEC. 11, T19N, R4W

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.)

9-19-75

9-23-75

10-1-75

6656 RT

20. TOTAL DEPTH, MD & TVD

3700

21. PLUG, BACK T.D., MD & TVD

3640

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

Yes

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Gallup-Top-3044'

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction Laterolog

25.

CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 8 5/8 | 23.00 | 229 | 12 1/4 | 150 SX | |
| 5 1/2 | 15.50 | 3685 | 7 7/8 | 125-450 SX | |
| | | | | | |
| | | | | | |

29.

LINER RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) |
|------|----------|-------------|---------------|-------------|
| | | | | |
| | | | | |

30.

TUBING RECORD

| SIZE | DEPTH SET (MD) | PACKER SET (MD) |
|-------|----------------|-----------------|
| 2 7/8 | 3003 | 3003 |

31. PERFORATION RECORD (Interval, size and number)

3048-3177 ISPF
3206-3270 ISPF
3350-3428 ISPF
3470-3596 ISPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED |
|---------------------|----------------------------------|
| 3470-3596 | 2500 gal. HF acid |
| 3350-3428 | 1500 gal. HF acid |
| 3206-3270 | 1500 gal. HF acid |
| 3048-3177 | 2500 gal. HF acid |

33.*

PRODUCTION

| DATE FIRST PRODUCTION | | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) | | | | WELL STATUS (Producing or shut-in) | |
|-----------------------|-----------------|--|-------------------------|----------|------------|------------------------------------|---------------|
| | | | | | | | |
| DATE OF TEST | HOURS TESTED | CHOKE SIZE | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF. | WATER—BBL. | GAS-OIL RATIO |
| | | | → | | | | |
| FLOW. TUBING PRESS. | CASING PRESSURE | CALCULATED 24-HOUR RATE | OIL—BBL. | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) | |
| | | → | | | | | |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

Area Manager

SIGNED J. Arnold ShellTITLE Minerals Management Inc. DATE 10-7-75

*(See Instructions and Spaces for Additional Data on Reverse Side)

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate whether elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22 and in item 24 show the producing interval, or intervals top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Secks 1-100000": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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