

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions 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

FILON 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

RECEIVED  
OCT 10 1975  
OIL & GAS COM.  
666 ST RT

15. DATE SPUDDED 9-19-75 16. DATE T.D. REACHED 9-23-75 17. DATE COMPL. (Ready to prod.) 10-1-75 18. ELEVATIONS (DT, RKB, RT, GR, ETC.)\* 666 ST RT 19. ELEV. CASINGHEAD 6644

20. TOTAL DEPTH, MD &amp; TVD 3700 21. PLUG, BACK T.D., MD &amp; TVD 3640 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 25. WAS DIRECTIONAL SURVEY MADE

Gallup-Top-3044'

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction Laterolog

28. 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)	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

SIGNED J. Arnold Inell TITLE Area Manager 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.

tion 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.

**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(s) which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

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 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

U.S. GOVERNMENT PRINTING OFFICE : 1963-O-683636