

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 24961

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 11C

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

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.

1.

OIL ☐ WELL GAS ☐ 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.*
See also space 17 below.)

At surface

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

14. PERMIT NO.

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

6656 RT

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) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Run 5 1/2" casing

(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.)*

9-24-75

Ran 5 1/2" OD 15.50# K-55 LT&C casing. Set @ 3685' KB w/DV tool @ 2960'.
Cement 1st stage with 125 sx Class "B" w/1/4# Flocele per sack.
Cement 2nd stage with 400 sx Halliburton Lite w/10# sx Gilsonite per sack
followed w/50 sx neat 10# Gilsonite. Circulated cement. Plug down
5:00PM 9-26-75.



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

SIGNED

J. Amos Sull

Area Manager

TITLE Minerals Management Inc. DATE 10-6-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE