

Form 0-311
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PERMIT IN TRIPLICATE
(Attach instructions on reverse side)

Form approved
Bureau of Land Management No. 42 H4424
5. LEASE IDENTIFICATION AND MANUAL NO.

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.)

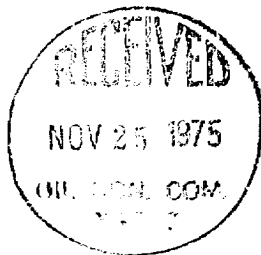
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Filon Exploration Corporation	8. FARM OR LEASE NAME Federal 4
3. ADDRESS OF OPERATOR c/o Minerals Management Inc. 501 Airport Dr., Suite 210, Farmington, N. M. 87401	9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1700' FSL, 2100' FEL, SEC. 4, T19N, R4W	10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO.	11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA SEC. 4, T19N, R4W
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 6696 KB	12. COUNTY OR PARISH Sandoval
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Surface casing</u> ☒	
(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.)

11-20-75 SPUD at 11:00 AM. Drilled 15" hole to 225'. Ran 5 Jts. (208.17') 10 3/4" 40.5# K-55 STC casing. Set casing at 222'. Cement w/200 sx Class "B" w/2% CaCl. Circulated cement.



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

SIGNED J. Arnold Self TITLE Area Manager
Minerals Management Inc. DATE 11-21-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

st.