

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 24449

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 11 B

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11, T20N, R4W

12. COUNTY OR PARISH

13. STATE

Sandoval New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER Dry Hole

2. NAME OF OPERATOR

Filon Exploration Corporation

3. ADDRESS OF OPERATOR c/o Minerals Management Inc.

501 Airport Dr., Suite 105, Farmington, New Mex. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

890' ENL, 1650' FEL, Sec. 11, T20N, T4W

14. PERMIT NO.

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

6929 RT

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

Operator proposes to Abandon well as follows:

Plug #1 6475' to 6325' 150' 75 sx
Plug #2 5472' to 5322' 150' 75 sx
Plug #3 3495' to 3345' 150' 75 sx
Plug #4 1480' to 1330' 150' 75 sx
Plug #5 243' to 173' 70' 35 sx
Plug #6 30' to 0' 30' 15 sx

Verbal approval from Ed Schmidt to J. Arnold Snell 1-16-76

CONFIDENTIAL

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

SIGNED

Area Manager

TITLE Minerals Management Inc DATE 1-19-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: