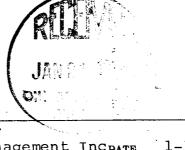
Form 9-331 (May 1963)	1062) (A)ther Instructions on					
DEPARTMENT OF THE INTERIOR verse side)						
GEOLOGICAL SURVEY					$\frac{NM 244}{6. \text{ if indian, allotti}}$	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)						
1. OIL GAS		_		1	7. UNIT AGREEMENT N	AME
WELL WELL 2. NAME OF OPERATOR	OTHER 1	Ory Hole			8. FARM OR LEASE NA	ME
	anation Co	Federal 11 B				
Filon Exploration Corporation 3. ADDRESS OF OPERATOR C/O Minerals Management Inc.					9. WELL NO.	
					1 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.					10. FIELD AND POOL,	OR WILDCAT
See also space 17 below.) At surface					Wildcat	
					11. SEC., T., R., M., OR SURVEY OR ARE	BLK. AND
						_
890' FNI., 1650' FEI., Sec. 11 T20N, T4W				Sec. 11, T2	20N R4W	
14. PERMIT NO.				, RT, GR, EUC.)		
		6929			Sandoval	New Mexic
16.	Check Ap	propriate Box To	Indicate N	lature of Notice, Report, or	Other Data	
	NOTICE OF INTEN	TION TO:		SUBS	EQUENT REPORT OF:	F
TEST WATER SHU	-off	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING	WELL
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING	CASING
SHOOT OR ACIDIZE		ABANDON*	x	SHOOTING OR ACIDIZING	ABANDONM	ENT*
REPAIR WELL		CHANGE PLANS		(Other)(Note: Report resu	lts of multiple completion	n on Well
(Other)		(0)	- 1) = -=+i= -::	Completion or Record details, and give pertinent dat	apletion Report and Log t	orm.)
proposed work. nent to this work	If well is direction	onally drilled, give sub	surface loca	tions and measured and true ver	tical depths for all marke	ers and zones perti-
nent to this work	-) ·					Marie de la companya
Operator p	roposes t	o Abandon w	ell as	follows:	1. 1.7 da de de 12. j	
operator p	. oposos c				į.	
Plug #1 6	475° to 6	325' 150'	75 sx		JAN 20 1976	
	472' to 5		75 sx		•	
Plug #3 3	495' to 3	345' 150'	75 sx	**	The state of the s	
	480' to 1	330 ' 150'	75 sx			
•			35 sx		•	
Plug #6	30' to	0' 30'	15 sx			
**13		nd Cahmid	lt to T	. Vanolg Choll	1 16 76	
verbal app	LOVAL ITO	m Eu Schmid	ונ נט ט	. Arnold Snell	1-10-70	
					The state of the s	
					ANTER	
	•	CONFIDI				



2		
18. I hereby certify that the foregoing is true and correct SIGNED	Area Manager TITLE Minerals Management Income 1-19	9-76
(This space for Federal or State office use)	•	
APPROVED BY	TITLE DATE	