## UNITED STATES SUBMIT IN TRIPLICATE\* Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

NM 8887 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)	

7.	UNIT	AGREEMENT	NAME

OIL WE'L	$\mathbf{X}$	GAS WELL	OTHER

2. NAME OF OPERATOR Filon Exploration Corporation

Federal 19 A

8. FARM OR LEASE NAME

ADDRESS OF OPERATOR C/O Minerals Management Inc.

87401

501 Airport Drive, Suite 105, Farmington, New Mex.

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

10. FIELD AND POOL, OR WILDCAT Wildcat
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

At surface

330' FSL, 660' FEL, SEC. 19, T19N, R2W

SEC. 19, T19N, R2W 12. COUNTY OR PARISH 13. STATE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6870 GR

N. Mex. Sandoval

16.

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

NOTICE OF INTENTION TO: PULL OR ALTER CASING TEST WATER SHUT-OFF MULTIPLE COMPLETE FRACTURE TREAT ABANDON\* Location Х CHANGE PLANS

SUBSEQUENT REPORT OF: REPAIRING WELL WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT ABANDONMENT\* SHOOTING OR ACIDIZING

SHOOT OR ACIDIZE REPAIR WELL

(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.)\*

Please cancel application to drill. Location will be restored and reseeded.



AUG 1 6 1976

U. S. GEOLOGICAL SUNVEY burango, colo.

Area Manager 18. I hereby certify that the foregoing is true Minerals Management Inchare 8-13-76 SIGNED (This space for Federal or State office use) DATE \_\_ APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side