

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.6

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. SERVR. Other _____

2. NAME OF OPERATOR
Filon Exploration Corporation

3. ADDRESS OF OPERATOR c/o Minerals Management Inc.
501 Airport Dr., Suite 105, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1650' FSL, 2310' FEL, SEC. 33, T21N, R5W

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.

NM-24455-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 33

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

SEC. 33, T21N, R5W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

15. DATE SPUDDED 4-30-76 16. DATE T.D. REACHED 5-15-76 17. DATE COMPL. (Ready to prod.) P & A 5/17/76 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6913 GR 6925 KB 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 6625 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY Rotary Tools Yes Cable Tools

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None 25. WAS DIRECTIONAL SURVEY MADE No

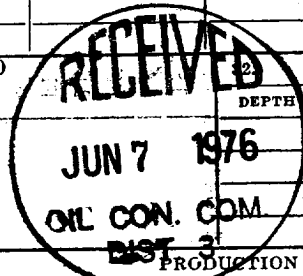
26. TYPE ELECTRIC AND OTHER LOGS RUN Dual Induction Laterolog; Bore Hole Compensated Sonic; Formation Density; Compensated Neutron Log 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4"	40.50#	189'	15"	200 SX	-

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)		ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED		



33.* DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED JUN 3 1976

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

Area Manager

SIGNED J. Arnold TITLE Minerals Management Inc. DATE June 2, 1976

*(See Instructions and Spaces for Additional Data on Reverse Side)