## UNITED STATES SUBMIT IN TRIPLICATE® DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

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

GEOLOGICAL SURVEY	NM-17774
SUNDRY NOTICES AND REPORTS O  (Do not use this form for proposals to drill or to deepen or plug ba Use "APPLICATION FOR PERMIT—" for such pro	ck to a different reservoir.
i.	7. UNIT AGREEMENT NAME
OIL GAS OTHER Dry Hole	
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Filon Exploration Corporation  3. ADDRESS OF OPERATOR CALL Minerals Management	Federal 11D 9. WELL NO.
C/O MINELAIS MANAGEMENTE	Inc. New Mex. 87401
501 Airport Dr. Suite 105, Farmingtor Location of Well (Report location clearly and in accordance with any See also space 17 below.)	tate requirements.* 10. FIELD AND POOL, OR WILDCAT
At surface	Wildcat 11. sec., T., R., M., OR BLK. AND
	SURVEY OR AREA
2300' FWL, 960' FSL, SEC. 11, T20N,	R2W Sec. 11, T20N, R2W 12. COUNTY OR PARISH 13. STATE
14. PERMIT NO. 15. ELEVATIONS (Show whether DF,	RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE
	6825 KB   Sandoval   New Mexic
16. Check Appropriate Box To Indicate Nature of Notice, Paport, 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  SHOOTING OR ACIDIZING  ABANDONMENT*
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING ABANDONMENT*
REPAIR WELL CHANGE PLANS (Other)	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
	details, and give pertinent dates, including estimated date of starting any ions and measured and true vertical depths for all markers and zones perti-
Plug 2 5117'-4967' 150' 75 Plug 3 3694'-3544' 150' 75 Plug 4 2925'-2775' 150' 75 Plug 5 925'- 775' 150' 75 Plug 6 232'- 182' 50' 35 Plug 7 0'- 30' 30' 15	sx sx sx sx sx sx
Verbal approval obtained from J. Arnold Snell, June 6, 1976	0.4070
	RELEVAN 3 1976
	JUN 14 1976   GENERAL SURVEY   DESCRIPTION OF NEW PROPERTY   DESCR
18. I hereby certify that the foregoing is true and correct Area Manager CON.	
SIGNED J. Charles Management Inchare 6-7-76	
(This space for Federal or State office use)	
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	

olas

\*See Instructions on Reverse Side