

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Filon Exploration Corporation | 8. FARM OR LEASE NAME Federal 30 |
| 3. ADDRESS OF OPERATOR c/o Minerals Management, Inc. 501 Airport Dr., Suite 105, Farmington, N.M. 87401 | 9. WELL NO. 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| 14. PERMIT NO. 330' FNL, 1650' FEL, SEC. 30, T19N, R2W | 11. SEC, T, R, M., OR BLK. AND SURVEY OR AREA SEC. 30, T19N, R2W |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6820' GR 6834' KB | 12. COUNTY OR PARISH Sandoval |
| | 13. STATE N.M. |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Surface Casing</u> <input checked="" type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | (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.)*

7-1-76

Spudded 15" hole at 4:15 AM. Ran 6 joints (203.08'), 10 3/4" OD, 40.50#, K-55, 8RD casing. Set at 215' KB. Cement with 250 sx Class "B" with 2% CaCl. Circulated cement.



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

SIGNED

Donald Barnes

Drilling Manager

TITLE Minerals Management, Inc.

DATE 7-8-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SP

*See Instructions on Reverse Side