Form	9-331
(May	1963)

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side) UNITED STATES

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

GEOLOGICAL	SURVEY
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SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	
use this form fo	r proposals to	drill or to	deepen or plug	back t	o a different r	

_1	M	1_13	04	9			
6.	II.	INDIAN	1, 152	LOTTEE	OR	TRIBE	NAME
			_				

(Do not use this form for proposals Use "APPLICATI	s to drill or to deepen or plug b ON FOR PERMIT—" for such p	ack to a different reservoir, coposals.)		
OIL GAS OTHER			7. UNIT AGREEMENT NA	A M IC
2. NAME OF OPERATOR			8. FARM OR LEASE NAM	ME
FILON EXPLORATION COF			Federal 26E	
501 Airport Dr., Suit Location of Well (Report location clea See also space 17 below.)	erals Management ce 210, Farmingt rly and in accordance with any	on. N.M. 87401	#1 10. FIELD AND POOL, 0	R WILDCAT
1650' FSL, 330' FWL,	SEC. 26, T23N,	R9W	Wildcat 11. sec., T., R., M., OR I SURVEY OR AREA	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	SEC. 26, T2 12. COUNTY OF PARISH	3N R9W
	6674' KB		San Juan	I N.M.
16. Check Appr	opriate Box To Indicate N	ature of Notice, Report, or (	Other Data	
NOTICE OF INTENTIO	N TO:	SUBSEQ	UENT REPORT OF:	
<u>                                     </u>	L OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	
SHOOT OR ACIDIZE ABA	NDON*	shooting or acidizing (Other) Run Surfa	ABANDONME	<del></del>

(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.)\*

11-3-75

(Other)

Spud 15" hole @ 9:00PM. Drill to 391'. Ran 10 Jts. (378') 10 3/4" Set casing @ 390'. Cement w/425 sx Class "B" w/2% CaCl. Plug down @ 5:30AM 11-4-75. Circulated good cement.



U. S. GEOLOGICAL SUBSTITE

NOTE: THIS IS A TIGHT HOLE.

18. I hereby certify that the foregoing is true and correct SIGNED J. Mood July	Area Manager TITLEMinerals Management Inc	.DATE
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE