

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Filon Exploration Corporation	8. FARM OR LEASE NAME Federal 26 E
3. ADDRESS OF OPERATOR c/o Minerals Management 501 Airport Dr., Suite 105, Farmington, New Mex. 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. 1650' FSL, 330' FWL, SEC. 26, T23N, R9W	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 26, T23N, R9W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6674' KB	12. COUNTY OR PARISH San Juan
	13. STATE New Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

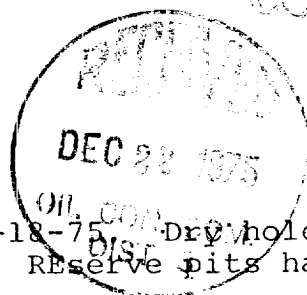
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well was abandoned as follows with drilling mud between plugs:

Plug #1	6533'-6383'	(150')	with 75 sx
Plug #2	5426'-5276'	(150')	with 75 sx
Plug #3	3520'-3370'	(150')	with 75 sx
Plug #4	1335'-1185'	(150')	with 75 sx
Plug #5	415'-365'	(50')	with 35 sx
Plug #6	30'-0'	(30')	with 15 sx

DEC 19 1975

CONFIDENTIAL



Last plug was set at 5:30 P.m. 11-18-75. Dry hole marker was erected and location was cleared. Reserve pits have not been filled.

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

SIGNED J. Arnold Inell

Area Manager

TITLE Minerals Management Inc. DATE 12-18-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____