

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1524.

5. LEASE DESIGNATION AND SERIAL NO.

NM 24961

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER Injection Well

2. NAME OF OPERATOR

FILON EXPLORATION CORPORATION

3. ADDRESS OF OPERATOR c/o Minerals Management Inc.

501 Airport Dr., Suite 210, Farmington, N.M. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

460' FSL, 800' FEL, SEC. 11, T19N, R4W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6656 RT

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 11C

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Gallup

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

Sec. 11, T19N, R4W

12. COUNTY OR PARISH 13. STATE

Sandoval N. M

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

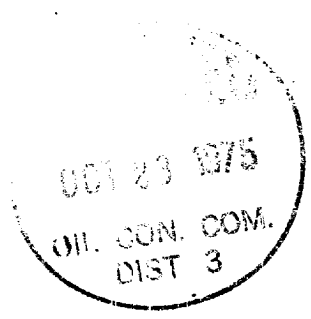
(Other) Injection Disposal water

(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.)*

10-5-75

First water injected 3:00PM . Approval per New Mexico Oil Conservation
Commission Order #SWD-172 dated 10-2-75.



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

SIGNED

[Signature]

Area Manager

TITLE Minerals Management Inc DATE 10-20-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side