

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-24449

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 11 B

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 11, T20N, R4W

12. COUNTY OR PARISH

Sandoval

13. STATE

N. Mex.

1.

OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Filon Exploration Corporation

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

501 Airport Dr., Suite 105, Farmington, New Mex. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

890' FNL, 1650' FEL, SEC. 11, T20N, R4W

14. PERMIT NO.

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

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*

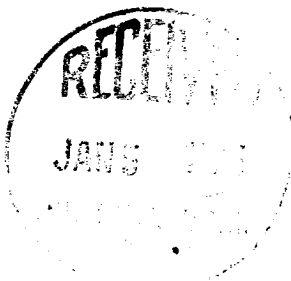
(Other) Surface Casing

(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.)*

12-22-75

Spud 15" hole at 1:00 A.M. December 22, 1975. Drill to 215', run 5 Joints 195', 10 3/4" OD K-55 LT&C casing set at 209' KB. Cement with 200 sx Class "B" with 2% CaCl. Circulated cement. Plug Down at 11:00 A.M. 12-22-75.



CONFIDENTIAL

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

SIGNED

J. Arnold Sell

TITLE

Area Manager

Minerals Management Inc

DATE

12-23-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: