

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. NM 8887
2. NAME OF OPERATOR Filon Exploration Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o Minerals Management Inc. 501 Airport Dr., Suite 105, Farmington, NM 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME Federal 30
14. PERMIT NO. 330' ENL, 1650' FEL, SEC. 30, T19N, R2W		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6820' GR, 6834' KB		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, T19N, R2W
		12. COUNTY OR PARISH Sandoval
		13. STATE New Mex.

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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.)\*

7-19-76

Operator Plugged and Abandoned well on 7-18-76 as Follows:

Plug #1	5084'-5234'	150'	75	sx
Plug #2	4177'-4327'	150'	75	sx
Plug #3	1930'-2080'	150'	75	sx
Plug #4	177'-277'	100'	50	sx
Plug #5	0'-30'	30'	15	sx

Dry Hole marker erected. Pit has been fenced. Location has not been restored.

AUG 20 1976  
N. COM.  
DIST. 3

AUG 19 1976

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

18. I hereby certify that the foregoing is true and correct  
SIGNED J. Arnold Smith TITLE Area Manager  
Minerals Management Inc. DATE 7-19-76

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side