

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <b>NM-15646</b>
2. NAME OF OPERATOR <b>Filon Exploration Corporation</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>c/o Minerals Management Inc.</b>	7. UNIT AGREEMENT NAME
<b>501 Airport Dr., Suite 105, Farmington, N.M. 87401</b>	8. FARM OR LEASE NAME <b>Federal 21</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	9. WELL NO. <b>2</b>
	10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 21, T20N, R5W</b>
14. PERMIT NO.	12. COUNTY OR PARISH <b>McKinley</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>2310' FNL, 2310' FWL, 6806' GR</b>	13. STATE <b>N.M.</b>

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

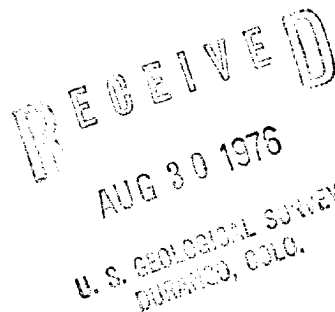
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Surface casing</b> <input checked="" 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.)\*

8-15-76 Spudded 15" hole at 8:00 AM 8-15-76. Drilled to 220'.

Ran 5 joints (196') 10 3/4" 40.50# casing. Set at 208'. Cement with 200 sacks Class "B" with 2% CaCl. Circulated cement.



18. I hereby certify that the foregoing is true and correct  
SIGNED J. Arnold Snell TITLE Area Manager DATE 8-16-76  
Minerals Management Inc.

(This space for Federal or State office use)

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