

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-13049
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 ☒ Dry Hole
2. NAME OF OPERATOR
Filon Exploration Corporation
3. ADDRESS OF OPERATOR
c/o Minerals Management
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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 26 E

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

SEC. 26, T23N, R9W

14. PERMIT NO. 1650' FSL, 330' FWL, SEC. 26, T23N, R9W

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

6674' KB

12. COUNTY OR PARISH 13. STATE

San Juan 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 _____

*See Instructions on Reverse Side

