

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
W. B. Martin & Associates
3. ADDRESS OF OPERATOR
2110 N. Sullivan, Farmington NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1520' FSL and 1520' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) _____

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
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☐
☐
☐

5. LEASE
Contract #362
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO.
#7 Martin-Florance
10. FIELD OR WILDCAT NAME
Ballard P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW SE 6
T23N R4W
12. COUNTY OR PARISH 13. STATE
Rio Arriba NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GI 6880'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

12/17/82 Spudded.

12/17/82 Completed Operations: Drill 12 1/4" hole to 93'. Run 93' of 7" OD 17 lb/ft surface casing. Cement with 52 cu.ft₃ (50 sacks) of Class B cement 2% CaCl₂. Circulated cement to surface.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. B. Martin TITLE Operator DATE January 10, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JAN 17 1983
*See instructions on Reverse Side

OIL CON. DIV.
DIST. 3

MINNOC

FAC