

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 ☐ Gallup-Dakota
Commingle
2. NAME OF OPERATOR
W. B. Martin & Associates
3. ADDRESS OF OPERATOR
2110 North Sullivan, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL and 1980' FWL
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* ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) Correction of Prior Notice

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.
#8 Martin-Florance
10. FIELD OR WILDCAT NAME
S. Lindrith Gallup-Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE NW 5
T23N R4W
12. COUNTY OR PARISH Rio Arriba 13. STATE NM
14. API NO
15. ELEVATIONS (SHOW DF, KDB, AND WD)
Gr. 6993'

RECEIVED
JUN 16 1983U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

12/31/82 Completed Operations: Drill 12 1/4" hole to 324'. Ran 310' of new J-55 8 5/8" OD 24 lb/ft casing with 269.1 ft₃ (230 sacks) Class B 2% CaCl₂ cement. Circulated cement to surface.
(January 10, 1983 Notice)

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 June 15, 1983

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

JUN 1 1983

NMOCC