

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 ☐ Co Mingled
2. NAME OF OPERATOR
W. B. Martin & Associates, Inc.
3. ADDRESS OF OPERATOR
2110 N. Sullivan, Farmington, N.M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 760' 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) Intent to alter casing

SUBSEQUENT REPORT OF:

- ☐
☐
☐
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☐
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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
Contract #362
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Martin/Whittaker
9. WELL NO.
No. 18
10. FIELD OR WILDCAT NAME
S. Lindrith Gallup-Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE 1/4 Sec 87
T23N R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6894' GR

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.)*

- (1) Change from 12 1/2" hole 8 5/8" casing to 12 1/2" hole 9 5/8" casing
- (2) Cement casing w/175 sacks class B 2% CACL₂ yield (206.5 ft³)
- (3) Circulate cement to surface

Proposed WOC 12 hrs.

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OIL CON. DIV.
DIST. 3

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

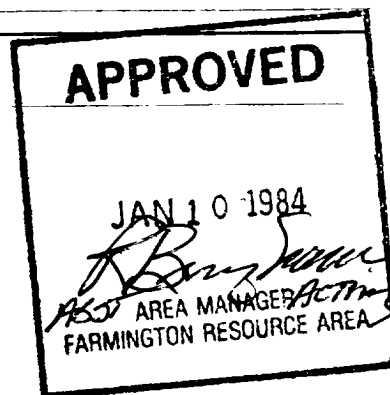
18. I hereby certify that the foregoing is true and correct

SIGNED Andrew L. Bets TITLE _____ DATE _____

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



NIMC