Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

ONITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Contract #362
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas well otherGallup-Dakota Commingled	Martin Whittaker 1/6 Time
2. NAME OF OPERATOR	#15 Martin-Florance
W.B. Martin & Associates	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	South Lindrith Gallup Dakota Extension
2110 N Sullivan, Farmington, N.M. 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA NE/NW Sec. 8 T23N R4W
AT SURFACE: 730' FNL and 1800' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Rio Arriba N.M.
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6951' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT SHOOT OR ACIDIZE	
REPAIR WELL	
PULL OR ALTER CASING THE RECE	(NPTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	3 1983
ABANDON* Surface Pin Coment	
(other) BURGAU OF LAND FARMINGTON RD	SOURCE AREA
FARMING CO.	

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.)*

11/22/83

Completed Operations: Drill $12\frac{1}{4}$ " hole to 244', set 230.66' of new 9 5/8" OD 361b/ft J-55 Casing. 7:30 p.m. cemented with 236ft³ (200sho) class B 2% CaCl₃. Circulated cement to surface. Proposed Operation: Waiting on Cement

Subsurface Safety Valve: Manu. and Type ____ 18. I hereby certify that the foregoing is true and correct __ TITLEOperator_____ DATE __ (This space for Federal or State office use) APPROVED BY ____ DATE CONDITIONS OF APPROVAL, IF ANY: ACCEPTED FOR RECORD DEC 0 7 1983 *See Instructions on Reverse Side

FARIMINGTON RESOURCE AREA Smm