

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☐ other ☒ Gallup-Dakota Commingled

2. NAME OF OPERATOR
W.B. Martin & Associates

3. ADDRESS OF OPERATOR
2110 N Sullivan, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 730' FNL and 1800' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) Surface Pipe	<input type="checkbox"/>

RECEIVED

NOV 28 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(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.)*

11/22/83

Completed Operations: Drill 12¼" hole to 244', set 230.66' of new 9 5/8" OD 36lb/ft J-55 Casing. 7:30 p.m. cemented with 236ft³ (200sho) class B 2% CaCl₂. Circulated cement to surface. Proposed Operation: Waiting on Cement

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED D. B. Martz TITLE Operator DATE 11/22/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

DEC 07 1983

***See Instructions on Reverse Side**

NMOCC

FARMINGTON RESOURCE AREA
BY *Smn*