

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 Mutiple Zone
 2. NAME OF OPERATOR
W.B. Martin & Associates, Inc.
 3. ADDRESS OF OPERATOR
2110 N. Sullivan, Farmington, NM 87401
 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: 780' FNL NO/E
 AT TOP PROD. INTERVAL: Same
 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"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

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.)*

Proposed Casing & Cementing Program

Size of Hole	Size of Casing	Weight per foot	Setting Depth	Quality of CMT
2"	9 5/8" OD J-55	32lbs	250'	206.5ft ³ (175sxs)
3 3/4"	7" OD J-55	23lbs	5310'	872.0ft ³ (520sxs)
"	4 1/2" OD J-55	11.6lbs	7420'	262.0ft ³ (175sxs)

OIL CON. DIV.
MAY 10 1984
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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 5/01/84

(This space for Federal or State office use)

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

APPROVED

MAY 07 1984

John Miller
 AREA MANAGER
 FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

5. LEASE Contract #306
 6. IF INDIAN ALLOTTEE OR TRIBE NAME Jicarilla Apache
 7. UNIT AGREEMENT NAME _____
 8. FARM OR LEASE NAME _____
 9. WELL NO. #35 Martin-Whittaker
 10. FIELD OR WILDCAT NAME S. Lindriith Gallup-Dakota Ext.
 11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA NENE Sec.15
T23N R2W
 12. COUNTY OR PARISH Rio Arriba 13. STATE NM
 14. API NO. _____
 15. ELEVATIONS (SHOW DF, KDB, AND WD) 7354' GR

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

RECEIVED

MAY 02 1984

BUREAU OF LAND MANAGEMENT
 FARMINGTON RESOURCE AREA

11-1000