JUN 07 1984

FARMINATION RESOURCE AREA

RV SMVM

5. LEASE

Contract #362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas other Co-mingled	9. WELL NO.
2. NAME OF OPERATOR	<u>#26 Martin-Whittaker</u>
W.B. Martin & Associates, Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Wildcat
2110 N. Sullivan, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA SW/NW Sec.6, T23N, R4W
below.)	10.001/17/00.01/17/17
AT SURFACE: 1650'FNL and 1190'FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Rio Arriba NM
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6855 G.L.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	DEOETV.
ABANDON* (other) First delivery oil to tanks	· · · · · · · · · · · · · · · · · · ·
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent.	irectionally drilled, give subsurface locations and
Completed Operations: Place on pump 4/4/84, lo	ad oil to recover 4152bbls
Proposed Operations: Well completed report to of load oil	be filed upon total recovery
	D S G B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OIL CON. DIV. dist. 3
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	
SIGNED Comment Company TITLE Operator Rep.	DATE _6/6/84
(This space for Federal or State off	ice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	
	ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC