

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, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1745' FNL and 1190' 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"/>	<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) First Delivery Oil to Tanks

5. LEASE
Contract 3362
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO.
#23 Martin-Whittaker
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW $\frac{1}{4}$ Sec. 7
T23N R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6845' GR

(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.)*

Completed Operations: Placed well on pump 5/19/84, Load oil to recover 3677bbbls.

Proposed Operations: Well Completion Report to be filed upon total recovery to load oil

RECEIVED

JUN 11 1984

OIL CON. DIV
DIST. 3

Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED W.B. Martin TITLE Operator Rep. DATE 6/6/84

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JUN 07 1984

*See Instructions on Reverse Side

OPERATOR

NMOC

FARMINGTON RESOURCE AREA

BY Sm