

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
709 North Butler, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL and 1650' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☒
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

JUL 5 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

RECEIVED

JUL 09 1984

OIL CON. DIV.
DIST. 3

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 Program:

1. Drill 12 $\frac{1}{4}$ " hole to $\pm 250'$. Run & set $\pm 250'$ 9 5/8" casing. Circulate cement to surface. WOC 12hrs.
2. Install and pressure test BOP to 1000psi.
3. Drill 8 3/4" hole to 4987' with low solids/low water loss mud. Run & set 7" CSG. WOC
4. Drill 6 $\frac{1}{2}$ " hole to 7088' with air(30%N₂). Run & set 4 $\frac{1}{2}$ " casing. WOCT

Change Proposed Program to:

1. Drill 12 $\frac{1}{4}$ " hole to $\pm 250'$. Run & set $\pm 250'$ 9 5/8" casing. Circulate cement to surface. WOC 12hrs.
2. Install and pressure test BOP to 1000psi.
3. Drill 7 7/8" hole to $\pm 7088'$ w/low solids/low water loss mud. Run & set 5 $\frac{1}{2}$ " CSG.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft. WOCT

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

SIGNED Charles E. Haraden TITLE Operator Rep. DATE 7/2/84

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

