

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved.
Budget Bureau No. 42-R1424

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 Abandonment
2. NAME OF OPERATOR
Wm. B. Martin Jr
3. ADDRESS OF OPERATOR
1300 West Newajo Fringht N. Mex 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 940 f 01 / 1145 f w1 S. 29 T 17 N - R 4 W
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) ☐

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5. LEASE
NM 26037
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Cabezon
9. WELL NO.
Federal #9
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S/2 Sec 29 T17N-R4W
12. COUNTY OR PARISH
Sandoval
13. STATE
N. Mex
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6316 ground

(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.)*

9/1/79 Drilled No Fluid. Sandstone w/odor 65-70' 95-100'
waited 2 hours blew hole no fluid

9/8/79 Logged Drilled depths 160', Logged depth 1435' no fluid

9/10/79 Plumbed hole no fluid

Plug Cement 0-25 3 sq
Cuttings 25-50
Cement 50-100 6 sq
Cuttings 100-710.

Subsurface Safety Valve: Manu. and Type None

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

SIGNED Wm. B. Martin Jr TITLE Operator DATE 9/18/79

(This space for Federal or State office use)

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