

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 Abandonment
2. NAME OF OPERATOR
Wm. B. Martin Jr
3. ADDRESS OF OPERATOR
1300 W. Navajo Farmington New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 915 fwl 775 fwl 29-T17N-R4W
AT TOP PROD. INTERVAL: d.Ho
AT TOTAL DEPTH: d.Ho
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:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

N.M. 26037

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cibola

9. WELL NO.

Federal #8

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)

6329 ground elevation

(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.)*

9/3/79 Drilled - hole dry Sandstone w/yellow stain & odor 80'-85'
blew hole no fluid
Logged Drilled Depth, no' Logged Depth 955
9/10/79 Plugged hole no fluid

Plug Set Cement 0-25' 3sack
Cuttings 25-80'
Set Cement 80 to 100-2sacks

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.Subsurface Safety Valve: Manu. and Type None

Set @ _____ Ft.

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

SIGNED Wm. B. Martin Jr TITLE Operator DATE 9/17/79

(This space for Federal or State office use)

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