

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 ☐ gas ☐ other Abandonment

2. NAME OF OPERATOR

Wm. B. Martin Jr

3. ADDRESS OF OPERATOR

1300 West Avenue Fmly N. Mex 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1015 fsl / 1445 fwl Sec 29 T17N-R4W

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:

☐☐☐☐☐☐☐☐

5. LEASE

NM 26037

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cabazon

9. WELL NO.

Federal #10

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

Sandoz

13. STATE

N. Mex

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6306 gnd

(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: hole dry Sandstone 70-80 Odr / staining - hole not drilling
waited 2 hours blew hole no fluid9/8/79 Logged Drilled depth 115 logged depth 106.59/10/79 Plumbed well no fluidPlug Cement 0-25' 334Cuttings 25-50Cement 50-85 434Cuttings 85-107 534

Subsurface Safety Valve: Manu. and Type _____

Set @ _____

Ft.

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

SIGNED

Wm. B. Martin Jr

TITLE

Operator

DATE

9/10/79

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: