

**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: 870' FNL and 850' 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Case & Cement Intermediate

5. LEASE

Contract #392

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

#54 Martin-Whittaker

10. FIELD OR WILDCAT NAME

S. Lindtrith Gallup-Dakota Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

NW $\frac{1}{4}$ Sec. 34/T23N/R4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

14. API NO.

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

7029' 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.)*

Oct. 5/Completed Operations: Drilled 8 3/4" hole to 4902' with low solids/ low water loss mud. Ran in 4940ft' of new J-55 23#/ft 7" Casing. G.S. @ 4901'KB, F.C. @ 4852'KB and D.V. Tool @ 2391'KB. Cement first stage w/190ft³ 50/50 poz w/additives. 2nd stage 320ft³ 50/50 poz w/additive lead and tail in 59ft³ Class B 1%CaCl₂ Cement Top @ 1000'.

Proposed Operations: WOC 12hrs.

RECEIVED

OCT 19 1984

OK

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

W.B. Martin

TITLE Operator

DATE 10/08/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

EXAMINATION REQUIRED

SMN