

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 ☐ Dual Completion
2. NAME OF OPERATOR  
W. B. Martin & Associates
3. ADDRESS OF OPERATOR  
2110 North Sullivan, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FSL and 660' 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) Surface Casing & Cement

SUBSEQUENT REPORT OF:

RECEIVED  
APR 4 1983

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

5. LEASE  
#362
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO.  
#9 Martin-Florance
10. FIELD OR WILDCAT NAME  
S. Lindrith Gallup Dakota Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NE SE 5  
T23N R4W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
GR. 7063'

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.)\*

03/31/83 Spudded Well 05:00 A.M.

Completed Operations: Drill 12 1/4" hole to 318' with native mud. Run 318' new 8 5/8" 24lb/ft casing and cemented with 295 ft<sup>3</sup> (250 sks) Class B Cement with 2% Calcium Chloride. Circulated cement to surface.

Waiting on cement.

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OIL COMPANY  
DIST. 3

Subsurface Safety Valve: Manu. and Type

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

SIGNED W. B. Martin TITLE Operator DATE March 31, 1983

(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

NMOCC

FARMINGTON DISTRICT

BY 914