

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 ☐
well well other Co-mingled

2. NAME OF OPERATOR

W.B. Martin & Associates, Inc.

3. ADDRESS OF OPERATOR

2110 N Sullivan, Farmington, NM 87401

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

AT SURFACE: 1650' FSL and 1190' 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) Cement & Case Surface

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

FEB 22 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE

Contract #362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

#25 MARTIN-WHITTAKER

10. FIELD OR WILDCAT NAME

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW $\frac{1}{4}$ Sec. 6

T23N R4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

14. API NO.

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

4856 GL

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.)*

Completion Operations:

2/18/84

Drill 12 $\frac{1}{2}$ " hole to 284' with spud mud run 266' of new J-55
12#/ft 9 5/8"OD Casing. Cement with 175sxs (181.6ft³) Class B
2% CaCl₂ Circulate cement to Surface. Proposed Operation- WOC 12hr

RECEIVED
FEB 24 1984
OIL CON. DIV.
DIST. 3

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 02/20/84

(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

NM000

FEB 23 1984

FARMINGTON RESOURCE AREA

BY Sm