DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Contract #362 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Licarilla Apache
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.)	7. UNIT AGREEMENT NAME
1. oil gas other	9. WELL NO.
2. NAME OF OPERATOR	#25 Martin-Whittaker
W.B. Martin & Associates, Inc. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME S. Lindrith Gallup-Dakota
709 North Butler, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY GR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA NE/SW $\frac{1}{4}$ Sec. 6/T23N/R4W
AT SURFACE: 1650' FSL and 1190' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Rio Arriba NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6856' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	
SHOOT OR ACIDIZE REPAIR WELL GREAT TO THE STATE OF THE	V FroT Preport results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330;
CHANGE ZONES	
ABANDON* Gureau OF LAND M (other) FARMINGTON RESO	GACE VSEV V AYOR MENT
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	directionally drilled, give subsurface locations and nt to this work.)*
	derval 5644-5766 if good fracture treat Holes. up 5310-5400 total 42 .41 Dia Holes
acidize 3). Perforate Mancos 488 4). Pull Retrievable Bri 5 days. 5). Run Rods and place o	31-4941 total 72 .375 Dia Holes. No acid dge Plugs and Swab Test well for
A Well Completion Report is in	equired upon completion
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	APPROVED
18. I hereby certify that the foregoing is true and correct SIGNED Chiha G. Sol. TITLE Pet roleum Eng (This space for Federal or State of	ST DATE - ASSAMENDED
(This space for Federal or State of	1025
APPROVED BY TITLE TOTAL CONDITIONS OF APPROVAL IF ANY:	JAN 211985 Isl. J. Stan McKee
	M. MILLENBACH TO USE TO THE TO
*See instructions on Reverse	Side Side
NM <u>በ</u> ሶሮ	FED On these

OIL CON. DIV.