

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: 690' FNL and 1690' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
Contract #398

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.  
#32 Martin-Whittaker

10. FIELD OR WILDCAT NAME  
S. Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NENW $\frac{1}{4}$  Sec. 16, T23N, R2W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7050' GR

REQUEST FOR APPROVAL TO:      SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED

JUL 5 1984

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

RECEIVED  
JUL 09 1984  
OIL CON. DIV.  
DIST. 3

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.)\*

Proposed Program:

1. Drill 12 $\frac{1}{2}$ " hole to  $\pm 250'$ . Run & set  $\pm 250$  9 5/8" casing. Circulate cement to surface. WOC 12hrs.
2. Install and pressure test BOP to 1000psi.
3. Drill 8 3/4" hole to 5013' with low solids/low water loss mud. Run & set 7" casing. WOC
4. Drill 6 $\frac{1}{2}$ " hole to  $\pm 7114'$  with air (30% N<sub>2</sub>). Run & set 4 $\frac{1}{2}$ " casing. WOCT

Change Proposed Program to:

1. Drill 12 $\frac{1}{2}$ " hole to  $\pm 250'$ . Run & set  $\pm 250$  9 5/8" casing. Circulate cement to surface. WOC 12hrs.
2. Install and pressure test BOP to 1000psi.
3. Drill 7 7/8" hole to  $\pm 7114'$  w/low solids/low water loss mud. Run & set 5 $\frac{1}{2}$ " casing. WOCT

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Charles E. Hamaden TITLE Operator Rep. DATE 7/2/84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED

JUL 06 1984

AREA MANAGER  
FARMINGTON RESOURCE AREA