

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 ABANDON

2. NAME OF OPERATOR
Wm. R. Martin, Jr.

3. ADDRESS OF OPERATOR
1300 W. New York, Farmington, N.M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 4400 PSI - 500 ft. 1 S. 29
AT TOP PROD. INTERVAL: 1700 Rgw
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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
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☒

RECEIVED

SEP 11 1981

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

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

5. LEASE

N.M. 26037

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO. Caterpillar

Federant #7

10. FIELD OR WILDCAT NAME

Wildcat 2nd

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

S/2 29
F17N R4W

12. COUNTY OR PARISH

Sandoval

13. STATE

N.M.

14. API NO.

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

6324 Ground

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.)*

ABANDON - 11500 psi Day - Surface to 115' T.D. with 115' cement plug

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Raymond W. Vinyard TITLE Supervisor DATE 12/1/81

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD TITLE ACTING DISTRICT SUPERVISOR DATE DEC 01 1981
CONDITIONS OF APPROVAL, IF ANY:

C. G.

*See Instructions on Reverse Side

NMOCC

