9-331
1973

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 *Abandonment*

2. NAME OF OPERATOR
Wm. B. Martindle

3. ADDRESS OF OPERATOR
1300 W. Navajo Fncoln H. Hwy

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1170 fsl & 2230 fwl Sec 29 T17N-R4W*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM 26037

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Cabezon

9. WELL NO.
Federal #12

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S/2 Sec 29 T17N-R4W

12. COUNTY OR PARISH
Sandoval

13. STATE
N. Mex

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6335 grd

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

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

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)		

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.)*

9/3/79 Drilled: hole dry; No shows or staining Surface to T.A.; No Fluid

9/10/79 Logged depth 173.5; Drilled depth 175'
Plumbed well to T.D. No Fluid - dry Surface to T.D.
Proposed fill w/ cuttings

Plug Cement 0-25'   2sd 4¾"
      Cuttings 25-75'
      Cement 75-115' 36 sacks 4¾"
      Cuttings 115 - T.D.

RECEIVED
OCT 29 1979
U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

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

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

SIGNED *Wm. B. Martin* TITLE *Operator* DATE *9/12/79*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side