(other)

## UNITED STATES DEPARTMENT OF THE INTERIOR CECLOGICAL SLIPVEY

| GEOLOGICAL SURVEY  | Jicarilla Contract #37-B  6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache  7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME J-37-B |  |  |  |
|--|---|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS  |   |  |  |  |
| not use this form for proposals to drill or to deepen or plug back to a different servoir. Use Form 9-331-C for such proposals.)   |   |  |  |  |
| L. OIL gas well other  2. NAME OF OPERATOR   | 9. WELL NO.<br>#1 Martin-Blackford  |  |  |  |
| W. B. Martin Sr. and W. B. Martin Jr.  3. ADDRESS OF OPERATOR  | 10. FIELD OR WILDCAT NAME Ballard P.C.  |  |  |  |
| 2110 N. Sullivan, Farmington NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE NE 24 T24N R5W  |  |  |  |
| AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  AT TOTAL DEPTH:  AT TOTAL DEPTH:   | 12. COUNTY OR PARISH 13. STATE Rio Arriba NM  |  |  |  |
| 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,   | 14. API NO.   |  |  |  |
| REPORT, OR OTHER DATA  | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6648 GR   |  |  |  |
| FQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  EST WATER SHUT-OFF  RACTURE TREAT  HOOT OR ACIDIZE  EPAIR WELL  ULL OR ALTER CASING  HULTIPLE COMPLETE  HANGE ZONES  SUBSEQUENT REPORT OF:  | (NOTE: Report results of multiple completion or zone 1982 change on Form 9–330.)  |  |  |  |
| HANGE ZONES DO DO SOLUCIONO DE CONTROL DE CO |   |  |  |  |

5. LEASE

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.)\*

## Completed Operations:

Ran 2515' of new J-55 2 7/8" 6.4 lb/ft tubing. Cemented with 150 sacks Class B cement with 3 gals of latex. Baffle plate set at 2505'. Circulated cement to 1576'.



| Subsurface Safety Valve: Manu. and Type   | e                 |  |        | Set @   | Ft. |
|---|-------------------|--|--------|---|-----|
| 18. Enereby certify that the foregoing is | true and correct  |  |        |   |     |
| SIGNED LES Marty                          | TITLE             | Operator   | DATE   | 6/17/82   |     |
|   | (This space for F | ederal or State office   | use)   |   |     |
| APPROVED BY                               | TITLE             | Committee of the commit | DATE _ | an an annaghaire dhe ghe deelha a agus an annaghair a an a |     |

\*See instructions on Reverse Side

CLARPTED FOR DECORD

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