

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 ☐

2. NAME OF OPERATOR
William B. Martin and Associates

3. ADDRESS OF OPERATOR
1300 W. Mavajo, Farmington, N. M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSL and 990 FEL
AT TOP PROD. INTERVAL:
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* ☐

SUBSEQUENT REPORT OF:

(other) Cement Production Casing

5. LEASE
Jic-Contract #398

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Apache Flats

9. WELL NO.
#1 M & M

10. FIELD OR WILDCAT NAME
Ballard P.G.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
T 23 N R4W
NE SE 15

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N. M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
Gr. Elev. 7260'

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

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

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.)*

Drilling Operations: Drilled to t.d. 2910'. Run 96 jts. of 2 7/8" J-55 (new, 6.6 lbs/ft) tubing with 125 sks. of cement. Plug back to 2880'. Baffle plate at 2880'.

Proposed operations. Will test productive zones.



Subsurface Safety Valve: Manu. and Type _____

Set @ _____

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

SIGNED W. B. Martin TITLE Operator DATE 4/27/82

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

BY San