

**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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
W.B. Martin & Associates, Inc.
3. ADDRESS OF OPERATOR
2110 N Sullivan
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below)
AT SURFACE: 965'FNL and 830'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* ☐
- (other) ☐

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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MAR 27 1984

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.
#4 Martin-Florance
10. FIELD OR WILDCAT NAME
Ballard P.C.
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
NE/NE 16
T23N R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 7132'

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.)*

Present and future Operations: the following is planned for the aforementioned well.

We are present having difficulties with a 1/12th Working Interest owner in this well. When our present difficulties are resolved, we will continue to complete this well in a due diligent and workmanlike manner according to our A.P.D.

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Subsurface Safety Valve: Manu. and Type

**OIL CON. DIV.
DIST. 3**

Set @ _____ Ft.

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

SIGNED W.B. Martin TITLE Operator DATE 03/24/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

APR 03 1984

FARMINGTON RESOURCE AREA

BY

smm