FARMINISTON MICH

Contract #362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

5. LEASE

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas GALLUP-DAKOTA well well other COMINCLED	9. WELL NO.
2. NAME OF OPERATOR	#17 Martin-Whittaker
W.B. MARTIN & ASSOCIATES	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	S. Lindrith Gallup Dakota Extension
2110 N. Sullivan Farmington New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NESE Sec. 8
below.)	T23N R4W
AT SURFACE: 1870' FSL and 680' FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Rio Arriba NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. AT 110.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7001' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or some
PULL OR ALTER CASING	change on Form 9–330)
CHANGE ZONES	HIM: 0 6 (984
	AROLL 2. BUREAU OF CAND MAILAGEMENT
ABANDON*  (other) First delivery of oil to tanks after were	FARMING ON THE OURGE AREA
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent.)	e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and
Completed Operations: 5/26/84. Well placed 3123.15 BBLS.	on pump. Total load oil to recover
Proposed Operations: Well completion report load oil.	to be filed upon total recovery of
	粉色 医高 医主管 权 智》
	JUN 1 1 1984
	CILCON. DIV.
	DIST. 3
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Andre C. Bols TITLE Operator's Re	PP. DATE June 6, 1984
(This space for Federal or State offi	ice use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
CONDITIONS OF ACCROSAL, IF ANT:	
NMOCC	ACCEPTED FOR PERSON
*See Instructions on Reverse S	JUN <b>0 7</b> 1867