

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Comingled		5. LEASE DESIGNATION AND SERIAL NO. Contract #45	
2. NAME OF OPERATOR W.B. Martin & Associates		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR 709 North Butler		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with section 17 below) At surface 1850' FNL and 1730' FEL		8. FARM OR LEASE NAME	
14. PERMIT NO		9. WELL NO. #72 Martin-Whittaker	
15. ELEVATIONS (Show whether GR or CR) 7017' GR		10. FIELD AND POOL, OR WILDCAT S. Lindrith Gallup Dakota	
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA SW/NE Sec. 20 T23N R4W	
		12. COUNTY OR PARISH Sandoval	
		13. STATE NM	

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OCT 25 1985

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Case & cement long string	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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: 10/22/85
Drilled 7 7/8 hole to 6785' T.P. with low solids low water loss mud. Run in hole with 168 jts of new 11.6 #/ft 4 1/2" casing. G.S. @ 6785' KB₃ D.F. @ 6744' KB and stage tool @ 4672' K.B. Cement 1st stage with 130 ft³ 50/50 poz lead tail in with 504 ft³ 10-RFC₃ with additives. Cement 2nd stage as follows 553 ft³ 50/50 poz and 650 ft³ 50/50-2 lead tail in 59 ft³ Class B 2% CaCl₂. Cement top @ 1085'.

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OIL COMMISSION
BUREAU OF LAND MANAGEMENT

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

SIGNED W.B. Martin TITLE Operator

DATE 10/23/85

(This space for Federal or State office use)

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

DATE _____

*See Instructions on Reverse Side

NMOCC