

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 ☐ Co-Mingled
2. NAME OF OPERATOR  
W.B. Martin & Associates, Inc.
3. ADDRESS OF OPERATOR  
709 North Butler, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 985' FNL and 1120' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
contract #42
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
9. WELL NO.  
#56 Martin-Whittaker
10. FIELD OR WILDCAT NAME  
S. Lindriith Gallup-Dakota Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NW $\frac{1}{2}$  Sec. 18/T24N/R4W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6663' GR

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- TEST WATER SHUT-OFF ☐ ☐
- FRACTURE TREAT ☐ ☐
- SHOOT OR ACIDIZE ☐ ☐
- REPAIR WELL ☐ ☐
- PULL OR ALTER CASING ☐ ☐
- MULTIPLE COMPLETE ☐ ☐
- CHANGE ZONES ☐ ☐
- ABANDON\* ☐ ☐
- (other) Case and Cement Surface

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

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BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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: 8/11/84 Drilled 12 $\frac{1}{4}$ " hole to 255' with spud mud.  
Ran 250' of new 32#/ft 9 5/8" casing. Cement with 206.50ft<sup>3</sup> Class B 2%CaCl<sub>2</sub>.  
Circulated cement to surface.

Proposed Operation: WOC 12hrs.

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OIL CON. DIV.

DIST. 3

Set @ \_\_\_\_\_ Ft.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED W.B. Martin TITLE Operator DATE 8/29/84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 20 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY sm

NMOCC