

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract No. 126	
2. NAME OF OPERATOR Cotton Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR 2502 Lincoln Center Building, 1660 Lincoln St., Denver, CO 80264		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1950' FNL, 1820' FWL		8. FARM OR LEASE NAME Apache	
14. PERMIT NO.		9. WELL NO. 109	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6801' GR		10. FIELD AND POOL OR WILDCAT Linderoth Gattup-Dakota West	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T24N-R4W N.M.P.M.	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUSSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.) *

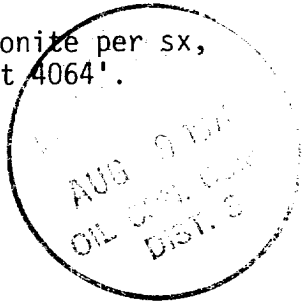
7-18-78 Spud well.

7-18-78 TD 365'. Ran 8 jts 8-5/8" 24#, K-55 casing. Set at 361' KB with 250 sxs Class B w/2% CaCl. Cement circulated.

8-1-78 TD 7510'. Ran 207 jts 4 1/2" 10.5 and 11.6#, K-55 casing. Set at 7510' with:

Stage One: 600 sxs 50/50 poz, 2% gel, 6# salt and 6 1/4# gilsonite per sx.

Stage Two: 111 sxs 65/35 poz w/12% gel, 6 1/4# gilsonite per sx, 581 sxs 50/50 poz, 2% gel. DV tool at 4064'.



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

SIGNED DE Wood TITLE Division Production Manager DATE 8-4-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

AUG 8 1978