

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 717 17th Street, Suite 2200, Denver, Colorado 80202		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 2010' FSL, 2070' FEL		8. FARM OR LEASE NAME Apache	
14. PERMIT NO.		9. WELL NO. #113	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6947' GR		10. FIELD AND POOL, OR WILDCAT Lindrith Gallup Dakota West	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T 24N, R 4W 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:

SUBSEQUENT REPORT OF:

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

WATER SHUT-OFF	<input checked="" 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)	<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.)\*

4-26-79 Spud well

4-27-79 386' TD. Ran 9 jts of 8-5/8" 24# K-55 casing. Set at 381 KB with 275 sacks Class B 3% Calcium chloride with 1/4# sx sealflow. Cement circulated.

5-13-79 7735' TD. Ran 192 jts of 4-1/2" long string 11.6# & 10.5# casing. Set at 7735'. Cemented as follows:



Stage One: 600 sacks 50-50 poz, 6-1/4# gilsonite, 6# salt, 2 % gel.

Stage Two: 100 sacks 65-35 poz, 12-1/2# gilsonite, 10% gel. 600 sacks 50-50 poz, 2% gel. DV tool @ 4298KB.

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

SIGNED [Signature]

TITLE Division Production Manager

DATE 5-14-79

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 16 1979