

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
Cotton Petroleum Corporation

3. ADDRESS OF OPERATOR
717 17th St., Suite 2200, Denver, CO 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' ~~FNL~~ & 560' FNL, Section 4
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) haul water

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
Contract No. 127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Apache

9. WELL NO.
123

10. FIELD OR WILDCAT NAME
Lindrith Gallup Dakota West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 4-T24N-R4W
NMPM

12. COUNTY OR PARISH Rio Arriba
13. STATE New Mexico

14. API NO.
30-039-21886

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6393' GR

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

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.)*

Cotton Petroleum Corporation requests permission to haul water from the lease pit and dispose of it on the lease roads. The well makes less than a barrel of water per day, however, the lease pit still fills up over a period of time.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Division Prod. Mgr. DATE June 16, 1981

(This space for Federal or State office use)

APPROVED BY (Orig. Sig.) EDWARD W. VINYARD
CONDITIONS OF APPROVAL, IF ANY: TITLE EDWARD W. VINYARD DATE NOV 24 1981
ADJ. DISTRICT SUPERVISOR

NMOCC

*See Instructions on Reverse Side