

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 ☐
2. NAME OF OPERATOR
Cotton Petroleum Corporation
3. ADDRESS OF OPERATOR 80202
717 17th St., Suite 2200, Denver, Colorado
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660' FEL & 1940' FSL
AT SURFACE:
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) Pull pits X

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

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

5. LEASE
Contract No. 127
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
NA
8. FARM OR LEASE NAME
Apache
9. WELL NO.
124
10. FIELD OR WILDCAT NAME
Lindrith Gallup Dakota West
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4-T24N-R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-21887-00
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6735' GR

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 request approval to pull reserve pits; spread water on road, and blade in.

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

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

SIGNED Raymond W. Vinard TITLE Div. Prod. Mgr. DATE 11-9-81

(Orig. Sgd.) RAYMOND W. VINARD

(This space for Federal or State office use)
RAYMOND W. VINARD

NOV 19 1981

APPROVED BY _____ TITLE ACTING DISTRICT SUPERVISOR DATE _____
CONDITIONS OF APPROVAL, IF ANY:

TAE

NMOCC