

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 1980' FWL, 1980' FSL		8. FARM OR LEASE NAME Apache
14. PERMIT NO.		9. WELL NO. #118
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6797' GR		10. FIELD AND POOL, OR WILDCAT Lindrith Gallup
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Dakota West Sec. 12, T 24N, R 4W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE N.M.P.M. 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"/>	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"/>	
(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.)*

3-27-79 Spud well.

3-28-79 395' TD. Ran 9 jts of 8-5/8" 24# K-55 casing. Set at 391' KB with 275 sacks Class B 2% CaCl. Cement circulated.

4-15-79 7522 TD. Ran 193 jts of 4-1/2" long string 11.6#, 10.5# casing. Set at 7522'. Cemented as follows:

Stage One: 600 sacks of 50-50 poz, 10% gel, 6# salt 6-1/4# gilsonite.

Stage Two: 100 sacks 65-35 poz, 10% gel, 12# salt and 12-1/2E gilsonite.
600 sacks 50-50 poz, 2% gel. DV tool at 4084' KB.

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

SIGNED D. E. Wood

TITLE Division Production Mgr.

DATE May 16, 1979

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

State

