Form 9-?31
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9–331–C for such proposals.)

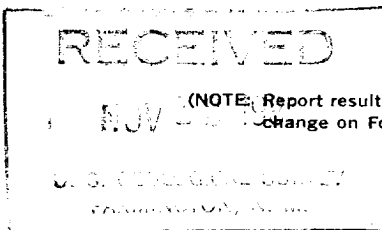|	
1. oil well ☒ gas well ☐ other	
2. NAME OF OPERATOR Cotton Petroleum Corporation	
3. ADDRESS OF OPERATOR 80202 717 17th St., Suite 2200, Denver, Colorado	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FSL & 660' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	

5. LEASE
Contract 129

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME
NA

8. FARM OR LEASE NAME
Apache

9. WELL NO.
129

10. FIELD OR WILDCAT NAME
Lindrith Gallup Dakota West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 14-T24N-R4W

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6876' GR

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) ___Pull pits___ X		

RECEIVED

(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 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 _____ TITLE Div. Prod. Mgr. DATE 11-9-81

(This space for Federal or State office use)
RAYMOND W. VINYARD
APPROVED BY _____ TITLE ACTING DISTRICT SUPERVISOR DATE NOV 1 9 1981
CONDITIONS OF APPROVAL, IF ANY:

JAE

*See Instructions on Reverse Side
NMOCD