

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
717 17th Street, Suite 2200, Denver, CO 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1610' FWL & 1750' FSL, Sec 24
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

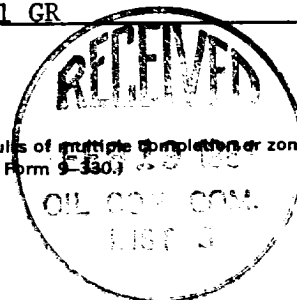
- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Spud & set surface csg.

SUBSEQUENT REPORT OF:

- ☐
☐
☐
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5. LEASE
Contract #129
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Apache
9. WELL NO.
#28
10. FIELD OR WILDCAT NAME
So. Blanco PC & Chacra
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 24-T24N-R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6961 GR

(NOTE: Report results of multiple completions 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.)*

The subject well was spudded on 1-3-81, with Coleman Rig #3. Surface csg, 8-5/8", 24#, K-55, ST&C, was set @ 383' KB. Bottom Hole deviation 1/2° @ 383'

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

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

SIGNED D.E. Wood (DM) TITLE Division Prod Mgr DATE February 11, 1981

(This space for Federal or State office use)

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

DW