

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, Den, 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)

SUBSEQUENT REPORT OF:
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

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.
#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 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.)*

The Chacra zone of subject well was cement squeezed on 2-13-81, by setting a cement retainer @ 3792', and pumping 35 sxs of cement. Verbal approval for the above mentioned work was given by Steve Mason, of your office, on 2-12-81.

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

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

SIGNED D.E. Wood TITLE Division Prod Mgr DATE February 13, 1981

(This space for Federal or State office use)

APPROVED BY ED FOR RECD TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

FEB 19 1981

FARMINGTON DISTRICT

BY BH

*See Instructions on Reverse Side

NMOCC