Form 9-331

Form Approved.

Dec. 1973	Budget Bureau Nø. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Contract 127
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME NA
(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.)	8. FARM OR LEASE NAME
1. oil gas other	Apache
well well other 2. NAME OF OPERATOR	9. WELL NO. 134
Cotton Petroleum Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 80202 717 17th St., Suite 2200, Denver, Colorado	Lindrith Gallup Dakota West 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 1900' FSL & 1660' FWL	Sec 10-T24N-R4W
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	30-039-22658
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6740 GR
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE []	
CHANGE ZONES ABANDON*	
(other) Pull pits X	and the same and
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen Cotton Petroleum Corporation request approvawater on road and blade in.	irectionally drilled, give subsurface locations and t to this work.)*
	11
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE Div. Prod. Mg	gr. 11-9-81
(This space for Federal or State offi	·
APPROVED BY (Big. Set.) EATTONS V. TENTASD TITLE ACTING DESIGN SUPERCONDITIONS OF APPROVAL, IF ANY:	D No.
CONTINUE OF BEINGING II ART.	*

TAF

*See Instructions on Reverse Side

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