

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  
3773 Cherry Creek Dr No #750, Denver, CO 80209

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
 2970' FSL 2310' FWL  
 AT SURFACE:  
 AT TOP PROD. INTERVAL:  
 AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other) Spud & surf	

[illegible]

RECEIVED

DEC 09 1985<sup>(N)</sup>

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

**BUREAU OF LAND MANAGEMENT**  
**FARMINGTON RESOURCE AREA**

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.)\*

Spud 12-1/4" hole w/Arapahoe Rig #6 at 10:30 pm 11-21-85. Drill to 400', ran 9 jts 24# J55 ST&C casing, meas 380.29', landed at 394' KB. Cement with 270 sxs Class B + 2% Ca Cl, 1/4#/sxs Celloflake. Circulate 10 bbls good cement to surface. Plug down at 11:30 am, 11-22-85.

Subsurface Safety Valve: Manu. and Type

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

SIGNED ALF WOOD/RAF TITLE Division Prod Mgr DATE 12/4/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**\*See Instructions on Reverse Side**

NMCCG