

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 St. Suite 2200 Denver, Colo 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 700' FNL & 600' FEL
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* ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

(other) Production Casing

5. LEASE
NM 42424
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA
7. UNIT AGREEMENT NAME
NA
8. FARM OR LEASE NAME
Nageezi Federal 33
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Dufers Point Gallup Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33-T25N-R8W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7320' 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.)*

Ran 4-1/2" production casing on 9-5-81. Casing landed @ 7332'. Cemented in two stages. 1st stage: 10 bbls spacer 1000, 10 bbls of CW 100, 600 sxs of Modified Self-stress cement. 2nd stage: 10 bbls spacer 1000, 10 bbls CW 100, 208 sxs of 35/65 poz, 6% gel, 10# salt, wtr, tailed in w/240 sxs Modified Self-stress cement.

Subsurface Safety Valve: Manu. and Type _____

BY SMZ

Set @ _____ Ft.

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

SIGNED [Signature]

TITLE

Div. Prod, Mgr

DATE

9-11-81

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

