

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 80202
717 17th Street, Suite 2200, Denver, Colo.

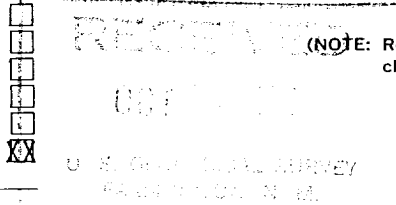
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
700' FNL & 600' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

- REQUEST FOR APPROVAL TO:
- TEST WATER SHUT-OFF
 - FRACTURE TREAT
 - SHOOT OR ACIDIZE
 - REPAIR WELL
 - PULL OR ALTER CASING
 - MULTIPLE COMPLETE
 - CHANGE ZONES
 - ABANDON*
 - (other)

SUBSEQUENT REPORT OF:

-
-
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-
-
-
-
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(NOTE: Report results of multiple completions change on Form 9-330)



5. LEASE
NM 42424

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. UNIT AGREEMENT NAME
NA

8. FARM OR LEASE NAME
Naggeezi 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 | 13. STATE
San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7320' GR

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 perforated w/2 JSPF from 7190' - 7176' on 10-5-81. Acidized well with 3000 gal 15% HCL on 10-6-81. Swab back all load, no fluid entry or sign of hydro carbon. Per verbal approval from USGS, a cement retainer was set at 7160' and the perforations were squeezed w/35 sxs Class B cement on 10-8-81.

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

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

SIGNED D. F. [Signature] TITLE Division Prod.Mgr. DATE 10-12-81

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

[Handwritten signature]