

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

RECEIVED
IMPACT # 127

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 "APPLICATION FOR PERMIT—" 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, Denver Colo 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1850 FEL 1850 FSL Sec 3

5. LEASE DESIGNATION AND SERIAL NO.
Matic 1098 Apache

7. UNIT AGREEMENT NAME
Apache

8. FARM OR LEASE NAME
Apache

9. WELL NO.
30

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NMPM Sec-3 - T24N - R4

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6819 G.R.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

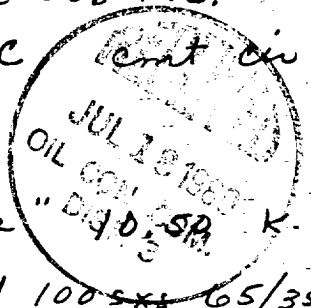
(Other) _____

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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)*

*4-5-80 - Spud well
310 ft. T.D. - 7 jts 8 5/8" 24# K-55 set @ 308 K.B.
Cmt. w/ 250 CLASS B w/ 3% CC
surface*

*4-11-80 4080 ft. T.D. 94 jts 4 1/2" 40.5R K-55
casing set @ 4080 cmt w/ 100 sxs 65/35 p03
Hall light, 12 1/2# gilsonite, 6% gel,
followed by 600 sxs 50/50 p03, 2%
gel - press test plug 1800 psi. OK.
cmt top - 1750*



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

SIGNED *A.E. Wood - H. Dean* TITLE *Division Prod. Mg.* DATE *5-19-80*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 28 1980

*See Instructions on Reverse Side
OPERATOR

HARRINGTON DISTRICT
BY *M.L. Kuchera*