

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
Cotton Petroleum Corporation

3. ADDRESS OF OPERATOR
3535 E. 30th - #202, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL: 680/5

935/E

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Temporary gas line

5. LEASE

Contract 126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

NA

8. FARM OR LEASE NAME

Apache

9. WELL NO.

149

10. FIELD OR WILDCAT NAME

Lindrith Gallup-Dakota W.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 1 T24N R4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

GL 7001

(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.)*

Cotton Petroleum proposes to run a temporary gas line on top of ground from Apache #149 to Apache #107 to sell the gas through the Apache #107 sales line to keep from venting gas during the test period.

MAY 15 1985
OIL & GAS
MAY 15

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

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

SIGNED J. C. Cummins TITLE Area Supt. DATE April 9, 1985

(This space for Federal or State office use)

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

APPROVED
AS AMENDED

*See Instructions on Reverse Side

NMOCC

MAY 14 1985

/s/ J. Stan McKee

M. MILLENBACH
AREA MANAGER