1. oil

ABANDON*

Form Approved. Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR Contract 126 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY Jicarilla Apache 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME Apache well gas other well 9. WELL NO. 149 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Cotton Petroleum Corporation Lindrith Gallup-Dakota W. 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR 3773 Cherry Creek Dr No #750, Den, CO 80209 AREA Sec 1 T24N R4W 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 680' FSL 935' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Rio Arriba AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 30-039-23661 REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 7001' GR REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL REC [(NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE JUN 12 1985 CHANGE ZONES BUREAU OF LAND MANAGERER (other) / Amended Sundry

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.)*

Press test casing to 3800#, 5 min, no bleed off. Perf Dakota D 7644-50', 7654-58', 1 JSPF, tot 12 holes. Acidize w/1500 gal 15% Hcl. Frac w/53,000 gal frac flu & 3000# 100 mesh sd and 70,000# 20/40 sd. Perf 7452-7464', 7476-7488'. Acidize w/1500 gal 15% Hcl, frac w/111,000 gal 30# cross link gel, 160,000# 20/40 sd. RIH w/2-3/8" tbg, landed at 7456. Start pumping unit assembly.

Cement Top: 1810**'**

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

Subsurface Safety Valve: Manu. and Type _

TITLE Division Prod. Mgrdate ____ June 5, 1985 SIGNED

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

DATE