

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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
3773 Cherry Crk Dr No, #750, Den, CO 80209
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 3006' FNL 2171' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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.
143
10. FIELD OR WILDCAT NAME
Lindrith Gallup Dakota W.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 2 T24N R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
30-039-23662
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6959' GR

- 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) Amended Sundry

RECEIVED (NOTE: Report results of multiple completion or zone change on Form 9-330.)
JUN 12 1985

BUREAU OF LAND MANAGEMENT
SARASOTA RESOURCE AREA

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 2000#, 5 min, no bleed off. Perforate well 7582-7592', 1 JSPF, 7568-7576', 1 JSPF, tot of 20 holes. Acidize well w/5000 gal 15% San-1 Acid. Frac well w/56,000gal frac flu and 70,000# 20/40 sand. RIH w/ 2-3/8" tubing, land tubing at 7593.43'. Start pumping unit assembly.

Cement Top: 2580'

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

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

SIGNED [Signature] TITLE Division Prod. Mgr DATE June 5, 1985

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMCCO

X