1. oil

well

gas

well

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT

PULL OR ALTER CASING

MULTIPLE COMPLETE **CHANGE ZONES**

ABANDON* (other)

SHOOT OR ACIDIZE REPAIR WELL

New Mexico

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Dudget Duleau Hu. 42-K1424	
/5 .	LEASE	
	Contract 129	
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME	
	Jicarilla Apache	
7.	UNIT AGREEMENT NAME	
	NA	
8.	FARM OR LEASE NAME	
	Apache	
9.	WELL NO.	
	144	
10.	FIELD OR WILDCAT NAME	
	Lindrith Gallup-Dakota	V
11.	SEC., T., R., M., OR BLK. AND SURVEY OR	
	AREA Sec 13 T24N R4W	
12.	COUNTY OR PARISH 13. STATE	

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.)

other

2. NAME OF OPERATOR Cotton Petroleum Corporation 3. ADDRESS OF OPERATOR 3773 Cherry Creek Dr. N., #750, Den. CO 80209 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.)

AT SURFACE: 718' FSL 2035' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

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

SUBSEQUENT REPORT OF:

RECEIVED

OTE: Report results of multiple completion or zone APR26198change on Form 9-330.)

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6843' GR

Rio Arriba

14. API NO. 30-039-23663

BUREAU OF LAND MANAGEMENT FARMINGTON 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.)*

Ran 10 joints, 460', 11.6# ST&C casing, 162 joints, 6981', 10.5# ST&C casing. Landed casing at 7444'. DV tool at 4032'. Cement 1st stage with 450 sacks cement + additives, tail in with 275 sacks + additives. Circ between stages. Cement 2nd stage with 650 sacks cement + additives. Plug down at 12:15 pm, 4-16-85. Released rig at 4 pm 4-16-85.

Subsurface Safety Valve: Manu. and Type ___ Set @ _

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

Division Prod. Mgr DATE April 17, 1985

TITLE

(This space for Federal or State office use)

DATE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 02 1985

*See Instructions on Reverse Side

FARMINGION RESOURCE AREA