

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 well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR  
Cotton Petroleum Corporation

3. ADDRESS OF OPERATOR 80202  
717 17th Street, Suite 2200, Denver, Colorado

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1980' FSL & 1980' FWL Sec 9

AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

(other) Spudding and Surface Casing

RECEIVED

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

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

5. LEASE  
NM 28694 SF 080345

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
NA

7. UNIT AGREEMENT NAME  
NA

8. FARM OR LEASE NAME  
Badland Federal 9

9. WELL NO.  
#1

10. FIELD OR WILDCAT NAME  
W. Puerto Chiquito Mancos Extension

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 9-T23N-R1W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7617' GR

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.)\*

The subject well was spudded at 1:30 P.M., on 10-29-81, using Mesa Drilling Rig No.1 w/a 12-1/4" bit. 9-5/8", K-55, 36# surface casing was landed at 300' and was cemented with 160 sacks Class B 2% KCL, with 1/4# celophane flake per sack. The cement was circulated to surface on 10-29-81.

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Div. Prod. Mgr. DATE 11-4-81

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

\*See Instructions on Reverse Side

NMOCC

