

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Contract No. 129

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Apache

9. WELL NO.

112

10. FEDERAL AND STATE OF ALLOCAT

Lindrita Gallup-
Dakota West

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

Sec. 24-T24N-R4W
N.M.P.M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Cotton Petroleum Corporation

3. ADDRESS OF OPERATOR
Suite 2502, 1660 Lincoln Street, Denver, Colorado 80264

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL, 1830' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6921' GR

12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

8-16-78 TD 7559'. Ran 230 jts. 4-1/2" 10.5# and 11.6# K-55 casing set at 7559'. Cemented as follows:

Stage One: 250 gals. mud flush, 600 sxs 50/50 poz w/6-1/4#/sx gilsonite, 6#/sx salt and 2% gel.

Stage Two: 250 gals. mud flush, 100 sxs 65/35 poz w/10% gel, 12-1/2#/sx gilsonite followed w/650 sxs 50/50 poz w/2% gel. DV tool at 4108'.

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

SIGNED *D. E. Wood*

TITLE Division Production Manager DATE August 18, 1978

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

*See Instructions on Reverse Side

DURANGO OFFICE COPY