

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 ☒ gas ☐
well 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: 718 FSL 2035' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

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* ☐

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(other) Amended Sundry

RECEIVED

JUN 12 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

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, 406', ^{4 1/2"}~~7-7/8"~~, 11.6#, ST&C casing, 162 joints, 6981', ^{4 1/2"}~~7-7/8"~~ 10.5# ST&C casing. Landed casing at 7444'. DV tool at 4032'. Cement 1st stage w/450 sxs, yield 1.26 cu ft of cmt + 10% slt, 1/4# /sxs cello flake, .2% D13, tail in w/275 sxs, yield 1.26 cu ft for 346.5 cu ft cmt + 3/4% D65, .2% D74, , circ between stages. Cement 2nd stage w/650 sxs, yield 1.26 cu ft, 819 cu ft cmt + 1/4#/sxs D29, 10% slt. Plug dwn at 12:15 pm, 4-16-85. Release rig at 4 pm, 4-16-85.

Note: All casing is K55

Cement top: 3680'

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE Division Prod. Mgr DATE May 31, 1985

(This space for Federal or State office use)

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

NMOC

X