

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 ☐ other ☐  
well well

2. NAME OF OPERATOR  
Cotton Petroleum Corporation

3. ADDRESS OF OPERATOR  
3773 Cherry Creek Dr No #750, Den, CO 80209

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
2100' FNL 1820' FEL  
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\* ☐

(other) Perf & acidize & frac

SUBSEQUENT REPORT OF:

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DEC 09 1985

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

**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.)\*

Circ hole clean, pressure test casing to 4000#, held 5 min, 0 bleed off.  
Perf 7350', 48', 46', 44', 42', 40', 38', 7336', 7252', 50', 48', 46', 44', 42', 1 JSPF. Acidize with 2500 gal 15% HCL & 21 balls. Frac dwn casing as follows: pump 10 BW, 110 gal scale inhibitor, 22,000 gal 40# Cross Link gel pad, 43,000 gal 30# Cross Link gel + 92,000# 20/40 sand. Flush with 4860 gal 2% KCL wtr. TIH w/BP, set at 7230', pressure test BP to 3000#, 5 min, no bleed off.

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**OIL CON. DIV.**  
DIST. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED W. C. Wood / R. G. TITLE Division Prod. Mgr. DATE 12/4/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_