

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
3773 Cherry Creek Drive No #750, Den, CO 80209

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 410' FNL 2140' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Perf, ac, frac ☐

SUBSEQUENT REPORT OF:

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RECEIVED

JAN 06 1986

(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.)*

Press test casing to 4000#, held ok. Perf 7674', 7676', 7678', 7680', 7722', 7724', 7726', 7728', 7753', 7755', 7757', 7759', 7761', 7763', 7765', 7767', 7769' all w/lJSPF. Acidize w/1700 gal 15% HCL. Frac with 85,000 gal Cross Link Gel, 123,000# 20/40 sd. Perf 7636', 7634', 7632', 7596', 7594', 7592', 7590', 7588', 7586', 7584', 7578', 7576', 7574', 7572', 7570', 7568', 7562', 7560', 7531', 7518', 7506', 7496', 7489' all w/lJSPF. Frac with 110,000 gal Cross Link Gel, 185,000# 20/40 sd.

Install tbq & production equipment.

Subsurface Safety Valve: Manu. and Type _____ Set 0 1 2 3 Ft.

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

SIGNED [Signature] TITLE Division Prod. Mgr DATE 12/31/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCG