

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 Dr No #750, Den, CO 80209

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 410' FNL 2140' 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* ☐

SUBSEQUENT REPORT OF:

(other) Cement tops by calculation

RECEIVED
JAN 13 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
Contract 126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME
NA

8. FARM OR LEASE NAME
Apache

9. WELL NO.
153

10. FIELD OR WILDCAT NAME
Lindrith Gallup Dakota W.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 1 T24N R4W

12. COUNTY OR PARISH Rio Arriba 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7077' GR

(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.)*

1379 cuft of annular volume between the 4-1/2" 10.5# x 8-1/2" OH as determined by an open hole caliper. 1002 cuft of cement was pumped on 2nd state with full returns. The cement top, by volumetric calculations, is at 1330'. DV tool @ 4383'

This Sundry will supersede previous Sundrys with cement tops.

RECEIVED
JAN 23 1986
OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type

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

SIGNED _____ TITLE Division Prod. Mgr DATE 1/10/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

BY _____