Form C-103
Revised March 25, 1999

Submit 3 Copies to Appropriate
District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

FEB 2002 RECEIVED OIL CON. DIV. DIST. 3

WELL API NO.
30-045-30358

5. Indicate Type of Lease
STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
E-3150

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 "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
WF State 36

1. Type of Well:
[ ] Oil Well [X] Gas Well [ ] Other

2. Name of Operator
Richardson Operating Company

8. Well No.
3

3. Address of Operator
1700 Lincoln Street, Suite 1700, Denver, CO 80203

9. Pool name or Wildcat
Twin Mounds PC

4. Well Location
Unit Letter H : 1385 feet from the South line and 1805 feet from the East line

Section 36 Township 30N Range 15W NMPM San Juan County

10. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
5275'GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
[ ] PERFORM REMEDIAL WORK	[ ] PLUG AND ABANDON	[ ] REMEDIAL WORK	[ ] ALTERING CASING
[ ] TEMPORARILY ABANDON	[ ] CHANGE PLANS	[ ] COMMENCE DRILLING OPNS.	[ ] PLUG AND ABANDONMENT
[ ] PULL OR ALTER CASING	[ ] MULTIPLE COMPLETION	[ ] CASING TEST AND CEMENT JOB	
[ ] OTHER:		[X] OTHER: see attached	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Producing from the Fruitland Coal formation only.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE Operations Manager DATE 2/6/02

Type or print name John Whisler Telephone No. 303-830-8000

(This space for State use)

APPROVED OFFICIAL SIGNED BY CHARLIE T. PERRIN DEPUTY OIL & GAS INSPECTOR, DIST. #3 FEB 14 2002

BY _____ TITLE _____ DATE _____

Conditions of approval, if any: