

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill, or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐

Oil Well

☒

Gas Well

☐

Other

2. Name of Operator

Richardson Operating Company

3. Address and Telephone No.

1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000

4. Location of Well (Footage, T, R, M, or Survey Description)

975' FSL, 1855' FEL

Sec. 5-T29N-R14W

5. Lease Designation and Serial No.

SF-079968

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

WF Federal 5-3

9. API Well No.

30-045-29852

10. Field and Pool, or Exploratory Area

Twin Mounds PC

11. County or Parish, State

San Juan County, NM

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Surface Casing/Cementing
	<input checked="" type="checkbox"/> Other: see below
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form).

13. 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 markets and zones pertinent to this work.)*

Well completed as per attached treatment report

NOV 01 10 PM 2:54

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

Signed:

Cathleen Colby

Title: Land Manager

(This space for Federal or State office use)

Approved by:

Title:

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

ACCEPTED FOR RECORD

Date: 10/4/00

NOV 01 2000

FARMINGTON FIELD OFFICE

RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: WF Federal 5-3
Date: August 17, 2000
Field: Pictured Cliffs Location: 5-29N-14W County: San Juan State: NM
Stimulation Company: Schlumberger Supervisor: _____

Stage #: 1/1

Sand on location (design): 64,648 Weight ticket: 64,648 Size/type: 20/40 Arizona Sand

Fluid on location: No. of Tanks: 2 Strap: 40 Amount: 800 Usable: 760

Perforations

Depth: 678'-690' Total Holes: 48 PBTD: 803'
Shots per foot: 4 EHD: 0.41

Breakdown

Acid: 500
Balls: N/A
Pressure: 1800 Rate: 3

Stimulation

ATP: 544 AIR: 18.9
MTP: _____ MIR: 36.1

	Sand Stage	Pressure	Breaker test
ISIP:		pad	751
5 min:		1 ppg	636
10 min:		2 ppg	613
15 min:		3 ppg	568
		4 ppg	572
			20 cps break in 45 mins.

Job Complete at: 10:13 hrs. Date: 8/17/00 Start flow back: N/A

Total Fluid Pumped: 720

Total Sand Pumped: 64,648 Total Sand on Formation: 64,100

Total Nitrogen Pumped: N/A

Notes: