

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)

2495' FSL, 1290' FWL

Sec. 3-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 3-2

9. API Well No.

30-045-30168

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

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



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

Signed: Cathleen Colby Title: Land Manager

ACCEPTED FOR RECORD

(This space for Federal or State office use)

Approved by:

Title:

Date: OCT 11 2000

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 statements or representations as to any matter within its jurisdiction.

FARMINGTON FIELD OFFICE
BY

RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: WF Federal 3-2
Date: August 27, 2000
Field: Fruitland Coal Location: 3-29N-14W County: San Juan State: NM
Stimulation Company: Schlumberger Supervisor: _____

Stage #: 1/1

Sand on location (design): 87,620 Weight ticket: 87,620 Size/type: 20/40 Arizona Sand

Fluid on location: No. of Tanks: 3 Strap: 48 Amount: 960 Usable: 860

Perforations

Depth: 922'-940' Total Holes: 72 PBTD: 1150'
Shots per foot: 4 EHD: 0.41

Breakdown

Acid: 827 gals 15%
Balls: _____
Pressure: 920 Rate: 6 bpm

Stimulation

ATP: 805 AIR: 28.7
MTP: 1241 MIR: 36.8

	Sand Stage	Pressure	Breaker test
	pad	943	break in 57 mins
ISIP: <u>550</u>	1 ppg	906	
5 min: <u>485</u>	2 ppg	824	
10 min: <u>444</u>	3 ppg	760	
15 min: <u>407</u>	4 ppg	664	

Job Complete at: 12:48 hrs. Date: 8/27/00 Start flow back: N/A
Total Fluid Pumped: 860 bbls
Total Sand Pumped: 87,620 Total Sand on Formation: 86,940
Total Nitrogen Pumped: N/A

Notes: