

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)

1555' FNL, 660' FWL

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 5-1

9. API Well No.

30-045-30259

10. Field and Pool, or Exploratory Area

Twin Mounds Fruitland Sand PC

11. County or Parish, State

San Juan County, NM

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

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Surface Casing/Cementing
☒ Other: see below

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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

Date: January 29, 2001

(This space for Federal or State office use)

Approved by: _____

Title: _____

Date: FEB 07 2001

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

FEB 07 2001

FARMINGTON FILE

BY

RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: WF Federal 5-1
Date: 12/23/00
Field: Twin Mounds Fr Sand PC Location: 5-29N-14W County: San Juan State: NM
Stimulation Company: Schlumberger Supervisor: _____

Stage #: 1/1

Sand on location (design): 52,000 Weight ticket: 52,000 Size/type: 20/40 Arizona

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

Perforations

Depth: 762' - 770' Total Holes: 32 PBTD: 830'
Shots per foot: 4 EHD: 0.41

Breakdown

Acid: 500 gals
Balls: N/A
Pressure: 2200 Rate: 4.5 bpm

Stimulation

ATP: 2083 AIR: 29.8
MTP: 2861 MIR: 42.6

	Sand Stage	Pressure	Breaker test
ISIP: <u>449</u>	pad	2591	18 cps
5 min: <u>339</u>	1 ppg	2783	break in 35 mins.
10 min: <u>279</u>	2 ppg	2756	
15 min: <u>240</u>	3 ppg	1685	
	4 ppg	1671	

Job Complete at: 11:31 hrs. Date: 12/23/00 Start flow back: N/A

Total Fluid Pumped: 840 bbls

Total Sand Pumped: 51,791 Total Sand on Formation: 51,103

Total Nitrogen Pumped: N/A

Notes: