

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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)

1830' FSL & 1060' FWL Section 4-T29N-R14W

5. Lease Designation and Serial No.

NMSF 079968

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

ROPCO 4-3

9. API Well No.

30-045-30394

10. Field and Pool, or Exploratory Area

Twin Mounds FR Sand-PC/Basin FC

11. County or Parish, State

San Juan Co, NM

12. CHECK APPROPRIATE BOX(s) 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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Surface Casing/Cementing	<input type="checkbox"/> Dispose Water
	<input checked="" type="checkbox"/> Other: see below	

(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 per attached treatment report

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

Signed: [Signature]Title: OP ManagerDate: 2/01/02

(This space for Federal or State office use)

Approved by: _____

Title: _____

Date: _____

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.

RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: ROPCO 4-3
Date: _____
Field: Twin Mounds PC Location: 4-29N-14EW County: San Juan State: NM
Stimulation Company: American Energy Services Supervisor: John Durham

Stage #:

Sand on location (design): 40,350 Weight ticket: 40,350 Size/type: 20/40 Brady

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

Perforations

Depth: 790' - 798' Total Holes: 32 PBTD: 950
Shots per foot: 4 spf EHD: 0.38

Breakdown

Acid: 500
Balls: NA
Pressure: 750 Rate: 2.5 BPM

Stimulation

ATP: 1200 AIR: 35.2
MTP: 1620 MIR: 36.1

	Sand Stage	Pressure	Breaker test
ISIP: <u>701</u>	pad	1620	12 cps
5 min: <u>610</u>	1 ppg	1500	break 35 min
10 min: <u>637</u>	2 ppg	1330	
15 min: <u>620</u>	3 ppg	1270	
	4 ppg	1150	

Job Complete at: 3:50 hrs. Date: _____ Start flow back: NA

Total Fluid Pumped: 532

Total Sand Pumped: 40,350 Total Sand on Formation: 39,600

Total Nitrogen Pumped: NA

Notes:

MB