

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)

685' FNL & 1855' FWL

4 - 29N - 14W NMPM

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 - 4

9. API Well No.

30-045-30443

10. Field and Pool, or Exploratory Area

TWIN MOUNDS PC

11. County or Parish, State

San Juan Co, NM

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

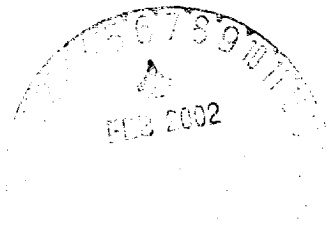
| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> 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 per attached treatment report



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

Signed: *[Signature]*

Title: *OP Manager*

Date: *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 - 4
Date: 5/02/01
Field: TWIN MOUNDS PC Location: 4 - 29N - 14W County: San Juan State: NM
Stimulation Company: American Energy Services Supervisor: John Durham

Stage #:

Sand on location (design): 66,000 Weight ticket: Size/type: 20/40 Brady

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

Perforations

Depth: 854 - 866 Total Holes: 48 PBTD: 955
Shots per foot: 4 EHD: .42"

Breakdown

Acid: 500 gals
Balls: None
Pressure: 1500 Rate: 5.0 bm=pm

Stimulation

ATP: 1250 AIR: 35
MTP: 1500 MIR: 35

| | Sand Stage | Pressure | Breaker test |
|--------------------|------------|----------|--------------|
| ISIP: <u>620</u> | pad | 1500 | |
| 5 min: <u>480</u> | 1 ppg | 1385 | |
| 10 min: <u>492</u> | 2 ppg | 1350 | |
| 15 min: <u>488</u> | 3 ppg | 1250 | |
| | 4 ppg | 1200 | |

Job Complete at: 0.68 hrs. Date: 5/9/2001 Start flow back:
Total Fluid Pumped: 661
Total Sand Pumped: 66,000# Total Sand on Formation: 65,000#
Total Nitrogen Pumped: None

Notes:

