

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. NMNM-97843
2. Name of Operator Richardson Operating Company		6. If Indian, Allote or Tribe Name
3. Address and Telephone No. 1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000		7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, T, R, M, or Survey Description) 775' FNL, 735' FWL Sec. 29-T30N-R14W		8. Well Name and No. WF Federal 29-4
		9. API Well No. 30-045-30348
		10. Field and Pool, or Exploratory Area Twin Mounds 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	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

2001 MAR 23 PM 1:22



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

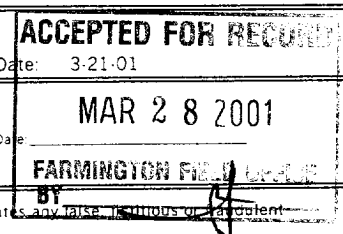
Signed: Cathleen Colby Title: Land Manager Date: 3-21-01

(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.



\* See instructions on Reverse Side



# RICHARDSON OPERATING COMPANY

## FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: WF Federal 29-4  
Date: 02/01/2001  
Field: Twin Mounds PC Location: 29-30N-14W County: San Juan State: NM  
Stimulation Company: American Energy Services Supervisor: John Durham

Stage #: 1/1

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

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

### Perforations

Depth: 1062'-1070' Total Holes: 32 PBDT: 1154' GL  
1159' KB

Shots per foot: 4 EHD: 0.42

### Breakdown

Acid: 500 gals  
Balls: N/A  
Pressure: # 2150 Rate: 5 barrels/minute

### Stimulation

ATP: # 2200 AIR: 37 bpm  
MTP: # 2300 MIR: 37 bpm

	Sand Stage	Pressure	Breaker test
	pad	2100#	28 cps
ISIP: <u>760#</u>	1 ppg	2200#	break in 60 min
5 min: <u>710#</u>	2 ppg	2200#	
10 min: <u>680#</u>	3 ppg	2150#	
15 min: <u>660#</u>	4 ppg	2000#	

Job Complete at: 1230 hrs. Date: 02/01/2001 Start flow back: N/A

Total Fluid Pumped: 22,512 gals 536 bbls

Total Sand Pumped: 40,000 Total Sand on Formation: 39,120

Total Nitrogen Pumped: NA

Notes: