

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)
 1181' FNL, 1882' FWL
 Sec. 28-T30N-R14W

5. Lease Designation and Serial No.
 NM-97843

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
 WF Federal 28-4

9. API Well No.
 30-045-30377

10. Field and Pool, or Exploratory Area
 Harper Hill Pictured Cliffs

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
Date: January 29, 2001

(This space for Federal or State office use)

Approved by: _____ Title: _____

Date: FEB 07 2001

Conditions of approval, if any:

FARMINGTON FIELD OFFICE

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: WF Federal 28-4
Date: 12/28/00
Field: Harper Hills Pictured Cliffs Location: 28-30N-14W County: San Juan State: NM
Stimulation Company: American Energy Supervisor: _____

Stage #: 1/1

Sand on location (design): 46,000 Weight ticket: 46,100 Size/type: 20/40 Brady Sand

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

Perforations

Depth: 1086' - 1096' Total Holes: 40 PBTD: 1240'

Shots per foot: 4 EHD: 0.42

Breakdown

Acid: 500 gals

Balls: N/A

Pressure: 3000 Rate: 2.5 bpm

Stimulation

ATP: 1200 AIR: 37

MTP: 1250 MIR: 37

	Sand Stage	Pressure	Breaker test
ISIP: <u>720</u>	pad	1250	16 cps
5 min: <u>620</u>	1 ppg	1300	break in 30 mins.
10 min: <u>540</u>	2 ppg	1220	
15 min: <u>500</u>	3 ppg	1100	
	4 ppg	1050	

Job Complete at: 14:23 hrs. Date: 12/28/00 Start flow back: N/A

Total Fluid Pumped: 634 bbls

Total Sand Pumped: 45,220 Total Sand on Formation: 45,100

Total Nitrogen Pumped: N/A

Notes: