

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 (checked), 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): 1637'FNL, 746'FWL, 33-T30N-R14W.

5. Lease Designation and Serial No.: NM-97841. 6. If Indian, Allottee or Tribe Name. 7. If Unit or CA, Agreement Designation. 8. Well Name and No.: WF Federal 33-2. 9. API Well No.: 30-045-30655. 10. Field and Pool, or Exploratory Area: Twin Mounds PC. 11. County or Parish, State: San Juan County, NM.

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

Table with columns TYPE OF SUBMISSION and TYPE OF ACTION. Includes checkboxes for Notice of Intent, Subsequent Report (checked), Final Abandonment Notice, Abandonment, Recompletion, Plugging Back, Casing Repair, Altering Casing, Surface Casing/Cementing, Other (checked), Change of Plans, New Construction, Non-Routine Fracturing, Water Shut-Off, Conversion to Injection, and Dispose Water.

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 was completed per attached report.

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

Signed: [Signature] Title: Operations Manager Date: January 18, 2002

(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

[Handwritten signature]

RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: WF Federal 33-2
Date: _____
Field: Pictured Cliffs Location: 33-30N-14W County: San Juan State: NM
Stimulation Company: American Energy Services Supervisor: John Durham

Stage #:

Sand on location (design): 45,360 Weight ticket: 45,360 Size/type: 20/40 Brady

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

Perforations

Depth: 938 - 1040 Total Holes: 50 PBTD: 1150
Shots per foot: 4 spf EHD: 0.38

Breakdown

Acid: 500
Balls: _____
Pressure: 1800 Rate: _____

Stimulation

ATP: 1100 AIR: 35.6
MTP: 1148 MIR: 35.6

	Sand Stage	Pressure	Breaker test
ISIP: <u>360</u>	pad	1150	21 cps
5 min: <u>272</u>	1 ppg	1148	break 47 min
10 min: <u>257</u>	2 ppg	1100	
15 min: <u>242</u>	3 ppg	1126	
	4 ppg	865	

Job Complete at: 10.17 hrs. Date: 9/25/01 Start flow back: NA

Total Fluid Pumped: 566

Total Sand Pumped: 45,360 Total Sand on Formation: 45,360

Total Nitrogen Pumped: NA

Notes:

