



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON

Governor

Betty Rivera

Cabinet Secretary

Lori Wrotenbery

Director

Oil Conservation Division

February 12, 2002

Richardson Operating Company
3100 La Plata Highway
Farmington, New Mexico 87401

Attention: Mr. John Whisler

Re: Amendment of Order No. SWD-753
Salty Dog Well No. 1
Lot 2, Section 1, T-29N, R-15W, NMPM,
San Juan County, New Mexico

Dear Mr. Whisler:

Reference is made to your letter dated February 12, 2002, whereby you requested an amendment to Division Order No. SWD-753 to increase the surface injection pressure on the Salty Dog Well No. 1. This request is based upon your statement that the well was perforated from a depth of 3,088 feet to 3,220 feet. Division Order No. SWD-753 limited the surface injection pressure on the well to 405 psi based upon the original application that stated the well would be perforated from a depth of 2,023 feet to 3,300 feet.

For the reason outlined above, the maximum surface injection pressure for the Salty Dog Well No. 1 is hereby increased to 618 psi.

Sincerely,

Lori Wrotenbery

Director

Xc: OCD-Aztec
File-SWD-753



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February 26, 2002

Richardson Operating Company
1700 Lincoln
Suite 1700
Denver, Colorado 80203

Attn: Mr. John Whisler

**Re: *Injection Pressure Increase
Salty Dog Well No. 1
San Juan County, New Mexico***

Dear Mr. Whisler:

Reference is made to your request dated February 18, 2002, to increase the surface injection pressure on the above referenced well. This request is based on a step rate test conducted on the well on February 18, 2002. The results of the test have been reviewed by my staff and we feel an increase in injection pressure on this well is justified at this time.

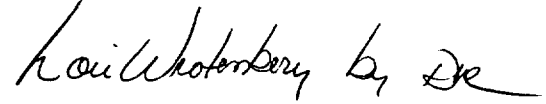
You are therefore authorized to increase the surface injection pressure on the following well:

Well and Location	Maximum Surface Injection Pressure
Salty Dog Well No. 1	1472 PSIG
Located in Lot 2, Section 1, Township 29 North, Range 15 West, NMPM, San Juan County, New Mexico.	

The Division Director may rescind this injection pressure increase if it becomes apparent that the injected water is not being confined to the injection zone or is endangering any fresh water aquifers.

Injection Pressure Increase
Richardson Operating Company
Salty Dog Well No. 1
Page 2

Sincerely,

A handwritten signature in cursive script, appearing to read "Lori Wrotenbery", followed by a stylized flourish or initial.

Lori Wrotenbery
Director

cc: Oil Conservation Division - Aztec
Files: SWD-753; PSI-X, 2002

Richardson Operating Company

3100 LaPlata Highway
Farmington New Mexico 87401

Phone 505-564-3100
Fax 505-564-3109

February 12, 2002

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Oil Conservation Division
Aztec, NM 87410

Re: Salty Dog # 1

The Salty Dog # 1 was originally perforated 3088-3144, 3204-3220. ROPCO failed to fill out a comp. report. It was brought to my attention and I submitted a comp. report. I filled out the comp. report from a procedure in the file. That procedure had never been performed. I'm now submitting an amended comp. report with the correct perf.

Thank you,



John Whisler
Operational Manager

02/12/02 11:08

303 830 8009

RICHARDSON OPER. → FARMINGTON OFF. 001/001

Form 3160-4
(July 1992)

UNITED STATES

SUBMIT IN DUPLICATE*

FORM APPROVED
OMB NO. 1004-0137

Expires: February 28, 1995

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/> Salt Water Disposal		5. LEASE DESIGNATION AND SERIAL NO. NMNM-10758	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DREP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Richardson Operating Company		7. UNIT ACQUISITION NAME	
3. ADDRESS AND TELEPHONE NO. 1700 Lincoln, Suite 1700, Denver, CO 80203 303-830-8000		8. FARM OR LEASE NAME, WELL NO. Salty Dog SWD	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface: 1200' FNL, 1380' FEL At trap prod: interval reported below SBMIC At total depth: SBMIC		9. API WELL NO. 30-045-29946	
14. PERMIT NO.		12. COUNTY OR PARISH San Juan	
DATE ISSUED		13. STATE NM	
15. DATE STUDDED 9/2/99	16. DATE T.D. REACHED 9/15/99	17. DATE COMPL. (Ready in prod.) 10/27/99	18. ELEVATIONS (OF, KKB, RT, OR, ETC.) 5291'
19. ELEV. CASING HEAD 5291'	20. TOTAL DEPTH (MD) & TVD 3420'		
21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL. HOW MANY?	23. INTERVALS DRILLED BY	24. ROTARY TOOLS X
25. PRODUCING INTERVAL(S) OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD) 3088'-3114', 3204'-3220' Mesa Verde			26. WAS DIRECTIONAL SURVEY MADE NO
27. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Neutron Log, Cement Bond Log			28. WAS WELL CORED NO
29. CASING RECORD (Report all strings set in well)			
CASING SIZE/GRADE	WEIGHT, LB/FT	DEPTH SET (MD)	HOLE SIZE
7 - 5/8"	26.4	225'	9 - 7/8"
5 - 1/2"	15.5	3384'	6 - 3/4"
		TOP OF CEMENT, CEMENTING RECORD	
		90 sx (112 cu.ft.)	
		185 sx (381 cu.ft.)	
		100 sx (118 cu.ft.)	
30. TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	PACKER SET (MD)
2 3/8"		2100'	2100'
31. PERFORATION RECORD (Interval, slot and number)			
3088'-3114'			
3204'-3220'			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
3088'-3220'		10,000 Gal 7 1/2% HCL	
33. PRODUCTION			
DATE FIRST PRODUCTION 11/1/99	PRODUCTION METHOD (Flowing, gas lift, pumping - size and type of pump) injecting		WELL STATUS (Producing or shut in) injecting
DATE OF TEST 11/1/99	HOURS TESTED 4	CHOKE SIZE	PROD. FOR TEST PERIOD
FLOW, TURNING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OR - BBL
0		0	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			TEST WITNESSED BY
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED	TITLE		DATE
<i>John Whelan</i>	Operations Manager		2/11/02

*(See Instructions and Spaces for Additional Data on Reverse Side.)

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BURLINGTON RESOURCES P.O. BOX 4289 FARMINGTON, NM 87499		4a. Article Number P 194 402 741	
5. Received By: (Print Name) Judith Dee		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) x Judith Dee		7. Date of Delivery 7-12-99	
8. Addressee's Address (Only if requested and fee is paid)			
PS Form 3811, December 1994		102505-98-R-0229 Domestic Return Receipt	

Thank you for using Return Receipt Service.

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: DUGAN PRODUCTION P.O. BOX 420 FARMINGTON, NM 87499		4a. Article Number P 194 402 742	
5. Received By: (Print Name) J. Williams		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) J. Williams		7. Date of Delivery 7-12-99	
8. Addressee's Address (Only if requested and fee is paid)			
PS Form 3811, December 1994		102505-98-R-0229 Domestic Return Receipt	

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3. Article Addressed to: NEW MEXICO OIL DIVISION ATTN: ERNIE BUSH 1000 RIO BRAZOS Rd AZEC, NM 87410		4a. Article Number P 194 402 726	
5. Received By: (Print Name) ME Villanueva		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) x ME Villanueva		7. Date of Delivery 7-12-99	
8. Addressee's Address (Only if requested and fee is paid)			
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3. Article Addressed to: NEW MEXICO OIL DIVISION ATTN: BOB STONE 2040 SOUTH PACHECO SANTA FE, NM 87505		4a. Article Number P 194 402 724	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) x Bob Stone		7. Date of Delivery 7/12/99	
8. Addressee's Address (Only if requested and fee is paid)			
PS Form 3811, December 1994		102505-98-R-0229 Domestic Return Receipt	

Thank you for using Return Receipt Service.

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