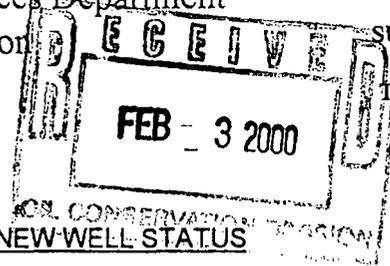


District I - (505) 393-6161
 1625 N. French Dr
 Hobbs, NM 88240
 District II - (505) 748-1283
 811 S. First
 Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Road
 Aztec, NM 87410
 District IV - (505) 827-7131
 2040 S. Pacheco
 Santa Fe, NM 87505

New Mexico
 Energy Minerals and Natural Resources Department
 Oil Conservation Division
 2040 South Pacheco Street
 Santa Fe, New Mexico 87505
 (505) 827-7131

1603 Form C-142
 Date 06/99



SUBMIT ORIGINAL
 PLUS 2 COPIES
 TO THE SANTA FE
 OFFICE

APPLICATION FOR NEW WELL STATUS

I. Operator and Well

Operator name & address Richardson OPERating Company 1700 LINcoln Suite 1700 Denver, CO 80203						OGRID Number 019219		
Contact Party Mary Ellen Condon						Phone 303-830-8000		
Property Name WF Federal 28					Well Number 2	API Number 30-045-29948		
UL	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West Line	County
	28	30N	14W	1525'	South	1850'	East	San Juan

II. Date/Time Information

Spud Date 8/26/99	Spud Time 9:30	Date Completed 12-15-99	Pool Twin Mounds PC
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III. Attach copies of Form C-103 or Federal Form 3160-5 showing date/time of drilling commenced and Form C-105 or Federal Form 3160-4 showing well was completed as a producer.

IV. Attach a list of all working interest owners with their percentage interests.

V. AFFIDAVIT:

State of Colorado)
) ss.
 County of Denver)

David B Richards being first duly sworn, upon oath states:

- I am the Operator, or authorized representative of the Operator, of the above-referenced well.
- To the best of my knowledge, this application is complete and correct.

Signature David B. Richards Title President Date 2/2/00

SUBSCRIBED AND SWORN TO before me this 2nd day of February, 2000.

Cynthia O'Shea
 Notary Public

My Commission expires: 8-24-02

FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a New Well. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval.

Signature <u>Mark Kelly</u>	Title <u>P.E. Spec.</u>	Date <u>FEB 14 2000</u>
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VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 2/14/00

NOTICE: The operator must notify all working interest owners of this New Well certification.

PVZV2010848543

DEPARTMENT OF THE INTERIOR

(See other instructions on reverse side)

Expires: February 28, 1995

BUREAU OF LAND MANAGEMENT

5. LEASE DESIGNATION AND SERIAL NO.

NMNM-97843

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

7. UNIT AGREEMENT NAME

2. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

8. FARM OR LEASE NAME, WELL NO.

3. NAME OF OPERATOR
Richardson Operating Company

WF Federal 28-2

4. ADDRESS AND TELEPHONE NO.
1700 Lincoln, Suite 1700, Denver, CO 80203 303-830-8000

9. API WELL NO.

30-045-29948

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1525' FSL, 1850' FEL

10. FIELD AND POOL, OR WILDCAT

Twin Mounds PC

At top prod. interval reported below same
At total depth same

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 28, T30N-R14W

14. PERMIT NO. _____ DATE ISSUED _____

12. COUNTY OR PARISH
San Juan

13. STATE
NM

15. DATE SPUNDED 8/26/99 16. DATE T.D. REACHED 8/28/99 17. DATE COMPL. (Ready to prod.) _____ 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5540' GR 19. ELEV. CASINGHEAD 5540'

20. TOTAL DEPTH, MD & TVD 1220' 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL. HOW MANY? _____ 23. INTERVALS DRILLED BY _____ ROTARY TOOLS X CABLE TOOLS _____

24. PRODUCING INTERVAL(S) OF THIS COMPLETION -TOP, BOTTOM, NAME (MD AND TVD)*
1072' - 1082' Pictured Cliffs 25. WAS DIRECTIONAL SURVEY MADE
yes

26. TYPE ELECTRIC AND OTHER LOGS RUN
Compensated Neutron Log 27. WAS WELL CORED
no

CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
7"	20#	138'	8 - 3/4"	60 sx (71 cu.ft.)	surface
4 - 1/2"	10.5#	1220'	6 - 1/4"	65 sx (134 cu.ft.)	surface

LINER RECORD				TUBING RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL	SIZE	NUMBER	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1072' - 1082'	40 holes	0.38"		38,700 20/40 Brady Linear Gel
	4 spf			

33. PRODUCTION		
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL-BBL.	GAS-MCF.	WATER-BBL.	GAS-OIL RATIO
12/16/99	24	1/2"			60	160	
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL-BBL.	GAS-MCF.	WATER-BBL.	OIL GRAVITY-API (CORR.)	
15	75			60	160		

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
vented 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 Cathleen Colby TITLE Land Manager DATE January 20, 2000

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

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	1072'	1082'				

**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)

1525' FSL, 1850' FEL

Sec. 28-T30N-R14W

5. Lease Designation and Serial No.

NMNM-97843

6. If Indian, Allotee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

WF Federal 28-2

9. API Well No.

30-045-29948

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

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

Date: 1-20-00

(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: WF Federal 28-2
Date: 12/6/99
Field: Twin Mounds PC Location: 28-30N-14W County: San Juan State: NM
Stimulation Company: American Energy Supervisor: _____

Stage #: 1/1

Sand on location (design): 37500 Weight ticket: 38,700 Size/type: 20/40 Brady Sand

Fluid on location: No. of Tanks: 2 Strap: 18' 6" Amount: 774 bbls Usable: 700

Perforations

Depth: 1072' - 1082' Total Holes: 40 PBTD: 1160'
Shots per foot: 4 EHD: 0.38

Breakdown

Acid: 200 gals
Balls: N/A
Pressure: 725# Rate: 30.8

Stimulation

ATP: 600# AIR: 30.8 bpm
MTP: 725# MIR: 30.8 bpm

	Sand Stage	Pressure	Breaker test
	pad	417#	14 cps
ISIP: <u>255#</u>	1 ppg	725#	break in 1 hr
5 min: <u>255#</u>	2 ppg	645#	
10 min: <u>180#</u>	3 ppg	620#	
15 min: <u>0#</u>	4 ppg	604#	

Job Complete at: 14:11 hrs. Date: 12/6/99 Start flow back: N/A

Total Fluid Pumped: 402 bbls 16,916 gals

Total Sand Pumped: 37,500 Total Sand on Formation: 37,500

Total Nitrogen Pumped: N/A

Notes:



RICHARDSON OPERATING COMPANY

1700 Lincoln, Suite 1700
Denver, Colorado 80203 (303) 830-8000
FAX (303) 830-8009

WF FEDERAL 28-2

WORKING INTEREST: RICHARDSON PRODUCTION CO. 100%
1700 LINCOLN SUITE 1700
DENVER, CO 80203
303-830-8000

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

(See other instructions or reverse side)

Expires: February 28, 1995

3. LEASE DESIGNATION AND SERIAL NO.

NMNM-97843

4. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME, WELL NO.

WF Federal 28-2

9. API WELL NO.

30-045-29948

10. FIELD AND POOL, OR WILDCAT

Twin Mounds PC

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 28, T30N-R14W

TYPE OF WELL: OIL WELL [], GAS WELL [X], DRY [], Other []
TYPE OF COMPLETION: NEW WELL [X], WORK OVER [], DEEP-EN [], PLUG BACK [], DIFF. RESVR. [], Other []

NAME OF OPERATOR: Richardson Operating Company

ADDRESS AND TELEPHONE NO.: 1700 Lincoln, Suite 1700, Denver, CO 80203 303-830-8000

LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface: 1525' FSL, 1850" FEL

At top prod. interval reported below: same

At total depth: same

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH: San Juan

13. STATE: NM

5. DATE SPUDDED: 8/26/99

16. DATE T.D. REACHED: 8/28/99

17. DATE COMPL. (Ready to prod.): 12-16-99

18. ELEVATIONS (DF, RKB, RT, GR, ETC.): 5540' GR

19. ELEV. CASINGHEAD: 5540'

6. TOTAL DEPTH, MD & TVD: 1220'

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL. HOW MANY?

23. INTERVALS DRILLED BY

ROTARY TOOLS: X

CABLE TOOLS

4. PRODUCING INTERVAL(S) OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)*

1072' - 1082' Pictured Cliffs

25. WAS DIRECTIONAL SURVEY MADE: YES

5. TYPE ELECTRIC AND OTHER LOGS RUN

Compensated Neutron Log

27. WAS WELL CORED: NO

18. CASING RECORD (Report all strings set in well)

Table with 6 columns: CASING SIZE/GRADE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, TOP OF CEMENT, CEMENTING RECORD, AMOUNT PULLED. Rows include 7" 20# 138' 8-3/4" 60 sx (71 cu.ft.) surface and 4-1/2" 10.5# 1220' 6-1/4" 65 sx (134 cu.ft.) surface.

19. LINER RECORD

Table with 8 columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT, SCREEN (MD), SIZE, DEPTH SET (MD), PACKER SET (MD). All fields are empty.

21. PERFORATION RECORD (Interval, size and number)

1072' - 1082' 40 holes 0.38" 4 spf

23. ACID, SHOT, FRACTURE CEMENT SQUEEZE, ETC.

Table with 2 columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Row: 38,700 20/40 Brady Linear Gel.

24. PRODUCTION

Table with 3 columns: DATE FIRST PRODUCTION, PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump), WELL STATUS (Producing or shut-in).

Table with 8 columns: DATE OF TEST, HOURS TESTED, CHOKE SIZE, PROD. FOR TEST PERIOD, OIL-BBL, GAS-MCF, WATER-BBL, GAS-OIL RATIO. Values: 12/16/99, 24, 1/2", 60, 160.

Table with 7 columns: FLOW, TUBING PRESS., CASING PRESSURE, CALCULATED 24-HOUR RATE, OIL-BBL, GAS-MCF, WATER-BBL, OIL GRAVITY-API (CORR.). Values: 15, 75, 60, 160.

24. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

vented

TEST WITNESSED BY

25. LIST OF ATTACHMENTS

26. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Cathleen Colley

TITLE

Land Manager

DATE

January 20, 2000

*(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 United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

In Lieu of
Form 3160-5
(June 1990)

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

5. Lease Designation and Serial No.
NM -97843

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
WF Federal 28 - 2

2. Name of Operator
Richardson Operating Company

9. API Well No.
30-045-29948

3. Address and Telephone No. C/O Walsh Engineering & Production Corp.
7415 East Main, Farmington, NM 87402 505-327-4892

10. Field and Pool, or Exploratory Area
Twin Mounds Pictured Cliffs

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1525' FSL & 1850' FEL, Sec. 28, T30N, R14W

11. County or Parish, State
San Juan, N.M.

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	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other <u>see below</u>
	<input type="checkbox"/> Change of Plans
	<input checked="" 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 markers and zones pertinent to this work.)*

8/26/99 - Spud 8-3/4" hole @ 0930 hrs. TD surface hole to 138' @ 1500 hrs. 8/26/99. Run 3 jts. of 7", #20, ST&C casing (130.84'). Land @ 136' KB. Cement w/ 60 sx. (71 cu.ft.) of Class "B" cement w/ 2% CaCl2. PD @ 1630 hrs. 8/26/99. Circulated out 5 bbls of cement to surface.

8/29/99 - TD 4-1/2" hole @ 1530 hrs. @ 1220'. Run 28 jts. of 4-1/2", 10.5#, ST&C, white band casing (1199.40') & land @ 1204' KB. Cement w/ 65 sx (134 cu.ft.) of Class "B" cement w/ 2% Sodium Metasilicate & tail in w/ 75 sx (88.5 cu.ft.) of Class "B". PD @ 20:00 hrs. 8/28/99. Circulated 10 bbls of cement to surface.

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

Signed John C. Thompson Title Agent/Engineer Date 08/31/99

(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 Instruction on Reverse Side