



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

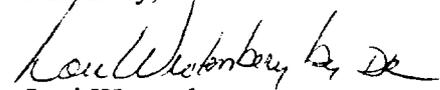
Re: Amendment of Order No. SWD-753
Salty Dog Well No. 1
Lot 2, Section 1, T-29N, R-15W, NMPM,
San Juan County, New Mexico

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 black ink that reads "Lori Wrotenberg by DE". The signature is written in a cursive, somewhat stylized font.

Lori Wrotenberg
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

753

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

Form 3160-4
(July 1992)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

FORM APPROVED
OMB NO. 1004-0137

Expires: February 28, 1995

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other Salt Water Disposal

b. TYPE OF COMPLETION: NEW WELL WORK OVER DREP-EN PLUG BACK DIFF. RESVR. Other

2. NAME OF OPERATOR: **Richardson Operating Company**

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

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: **SBITC**

At total depth: **SBITC**

14. PERMIT NO. _____ DATE ISSUED _____

12. COUNTY OR PARISH: **San Juan** 13. STATE: **NM**

15. DATE STUDDED: **9/2/99** 16. DATE T.D. REACHED: **9/15/99** 17. DATE COMPL. (Ready to 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. CABLE TOOLS: _____

26. PRODUCING INTERVAL(S) OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD):
3088'-3114', 3204'-3220' Mesa Verde

25. WAS DIRECTIONAL SURVEY MADE: **NO**

26. TYPE ELECTRIC AND OTHER LOGS RUN: **Compensated Neutron Log, Cement Bond Log**

27. WAS WELL CORED: **NO**

28. 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 - 5/8"	26.4	225'	9 - 7/8"	90 sx (112 cu.ft.)	surface
5 - 1/2"	15.5	3384'	6 - 3/4"	185 sx (381 cu.ft.)	surface
				100 sx (118 cu.ft.)	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	2100'	2100'

31. PERFORATION RECORD (Interval, size 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** CHOKER SIZE: _____ PRODN. FOR TEST PERIOD: _____ ORL-BRL: _____ GAS-MCF: _____ WATER-BRL: _____ GAS-OIL RATIO: _____

FL/OIL, TURNING PRESS.: **0** CASING PRESSURE: _____ CALCULATED 24-HOUR RATE: _____ ORL-BRL: **0** GAS-MCF: _____ WATER-BRL: _____ ORL GRAVITY-API (CORR.): _____

34. DISPOSITION OF GAS (Hold until flow test, 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: *John Whelan* TITLE: Operations Manager DATE: 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

Is your RETURN ADDRESS completed on the reverse side?

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. Addressee's Address
 2. 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

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 7-12-99

5. Received By: (Print Name)
 Judith Dee

6. Signature: (Addressee or Agent)
 x Judith Dee

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-R-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
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 Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. 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

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 7-12-99

5. Received By: (Print Name)
 J. Williams

6. Signature: (Addressee or Agent)
 J. Williams

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-R-0229 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

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

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 7-12-99

5. Received By: (Print Name)
 ME Williams

6. Signature: (Addressee or Agent)
 x ME Williams

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-R-0229 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 NEW MEXICO OIL DIVISION
 ATTN: BOB STONE
 2010 SOUTH PACHECO
 SANTA FE, NM 87505

4a. Article Number
 P 194 402 724

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 7/12/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 x Bob Stone

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-R-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

ILLEGIBLE