Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR

	LOKM WILKOARD
/	OMB No. 1004-0135
,	
	Expires: January 31, 2004
	Dapiros. Junuary 51, 2001

BUREAU OF LAND MANAGEMENT 5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

NMNM-25857

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.						6. If Indian, Allottee or Tribe Name			
SUBMIT IN TR	7. If Unit or CA/Agreement, Name and/or No.								
1. Type of Well									
Oil Well Gas Well		8. Well Name and No.							
2. Name of Operator						WF Federal 21 #2 9. API Well No.			
Richardson Operating Company 3a. Address	3b. Phone No. (inclu								
	1	10 Field and Pool or Evnloratory Are			Area				
3100 La Plata Highway Farming 4. Location of Well (Footage, Sec.,	505-564-3100			Basin Fruitlar					
1915' FNL & 1425' FWL Sec. 21, T30N, R14W NMPM		11. County or Parish, State San Juan							
12 CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF	NOTICE, RE		THER DATA			
TYPE OF SUBMISSION	ROTALITE BOTALES) 10		TYPE OF						
- 1112 01 000	Acidize [Deepen		roduction (Start/	Resume)	Water Shut-Off			
✓ Notice of Intent	Alter Casing	Fracture Treat	_	Leclamation		Well Integrity			
C Out	Casing Repair	New Construction	. 🗇 B	lecomplete	$\overline{\square}$	Other Add a z	one		
Subsequent Report	☐ Change Plans	Plug and Abandon	. 🗖 1	emporarily Aba	ndon				
Final Abandonment Notice	Convert to Injection	Plug Back	□ v	Vater Disposal					
Please find the attached plat for t depicted on the same plat.	the subject well (WF Federal 21	#2) with the origina	al Basin Fr	uitland well in	the dedicated ac	8	ral 21 #1Y)		
			3 4 5 7 & UN 2003)>.		KW 23 M Farmingto	PECEL MI		
		800 C C C C C C C C C C C C C C C C C C				M 10: 32			
14. 1 hereby certify that the foregoin Name (PrintedlTyped)	ng is true and correct		CUCDLUP	<i>></i>	——————————————————————————————————————				
Drew Carnes			Title Operations Manager						
Signature	, 	Date	5-20-03						
	THIS SPACE F	OR FEDERAL OR	ar Sawyleida	OFFICE USE					
Approved by (Signature)	/s/ Jim Love	\$9	Name (Printed/Type	ed)	Ti	tle			
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	e attached. Approval of this notice	e does not warrant or	Office			Date	2 2003		
Title 18 U.S.C. Section 1001 and T States any false, fictitious or fraudu	itle 43 U.S.C. Section 1212, make	it a crime for any pers	on knowing	gly and willfully ton.	to make to any de	epartment or agenc	y of the Unit		

atrict i PO Box 1980, Hobbs, NM 88241-1980 District II

PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410

District IV

Existing Fruitland Well 906'

885

State of New Mexico chergy, Minerale & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Form C-102 Revised February 21, 1994

Instructions on back

Submit to Appropriate District Office State Lease - 4 Copies

Fee Lease - 3 Copies

MAMENDED REPORT

was plotted from field notes of actual surveys made by m

or under my super of my wild DO

or under my supervision

Certificate Number

PO Box 2088, Santa Fe, NM 87504-2088 775 FT 02 SI 19: 55 WELL LOCATION AND ACREAGE DEDICATION PLAT API Number Pool Code Basin Fruitland Coal & Harper Hill Pictured Cliffs 71629 & 78160 Property Code Property Name Well Number WF Federal 21-2 OCKID No. Operator Name 019219 * Elevation RICHARDSON OPERATING COMPANY 5646' 10 Surface Location UL or lot no. Section Township Range Lot Ida Feet from the North/South line Feet from the East/West line County F· 21 . 30 N 14 W 1915 North 1425 West San' Juan Bottom Hole Location If Different From Surface UL or lot ao. Section Township Range Lot Ida Feet from the North/South line Feet from the East/West line County 13 Dedicated Acres 13 Joint or Infill 14 Consolidation Code 11 Order No. NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief Pic. Signature **Drew Carnes** Printed Name **Operations Manager** 1425 Title 5/20/03 Coal Date 18SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat

MM , nojipnimis 1070

ZOB WYY 23 IAM 11: 47

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