

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

WELL API NO.

30-045-30069

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-3150-11

7. Lease Name or Unit Agreement Name

WF State 36

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

☐ Oil Well☒ Gas Well☐ Other

2. Name of Operator

Richardson Operating Company

8. Well No.

#2

3. Address of Operator

1700 Lincoln Street, Suite 1700, Denver, CO 80203

9. Pool name or Wildcat

Basin Fruitland Coal

4. Well Location

Unit Letter H : 1600 feet from the North line and 960 feet from the East line

Section

36

Township

30N

Range

15W

NMPM

San Juan

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

5320' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

☐ PERFORM REMEDIAL WORK☐ PLUG AND ABANDON☐ TEMPORARILY ABANDON☐ CHANGE PLANS☐ PULL OR ALTER CASING☐ MULTIPLE COMPLETION☐ OTHER:

SUBSEQUENT REPORT OF:

☐ REMEDIAL WORK☐ ALTERING CASING☐ COMMENCE DRILLING OPNS.☐ PLUG AND ABANDONMENT☐ CASING TEST AND CEMENT JOB☒ OTHER: see attached

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Well completed as per attached treatment report

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cathleen Colby TITLE Land Manager DATE 5/3/00Type or print name Cathleen ColbyTelephone No. 303-830-8000

(This space for State use)

APPROVED **ORIGINAL SIGNED BY CHARLIE T. PERAIN**

BY _____

Conditions of approval, if any:

DEPUTY OIL & GAS INSPECTOR, DIST. #3

TITLE _____ DATE MAY - 8 2000

RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: WF State 36-2
Date: 3/9/00
Field: Basin Fruitland Coal Location: 36-30N-15W County: San Juan State: NM
Stimulation Company: American Energy Supervisor: _____

Stage #: 1/1

Sand on location (design): 82,100 Weight ticket: _____ Size/type: 20/40 Brady Sand

Fluid on location: No. of Tanks: 3 Strap: 60 Amount: 1200 Usable: 1140

Perforations

Depth: 600' - 616' Total Holes: 64 PBTD: 750'

Shots per foot: 4 EHD: 0.38

Breakdown

Acid: 400 gals

Balls: N/A

Pressure: _____ Rate: 2.2

Stimulation

ATP: 2300# AIR: 31 bpm

MTP: 4300# MIR: 31.7 bpm

	Sand Stage	Pressure	Breaker test
	pad	1200#	14 cps
ISIP: <u>800#</u>	1 ppg	1200#	break in 37 min
5 min: <u>400#</u>	2 ppg	1300#	
10 min: <u>350#</u>	3 ppg	2800#	
15 min: <u>300#</u>	4 ppg	2300#	

Job Complete at: 18:00 hrs. Date: 3/9/00 Start flow back: N/A

Total Fluid Pumped: 36,801 gals 876 bbls

Total Sand Pumped: 82,100 Total Sand on Formation: _____

Total Nitrogen Pumped: N/A

Notes: