

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Richmond Petroleum, Inc.	8. FARM OR LEASE NAME Federal 31-4-33
3. ADDRESS OF OPERATOR 2651 N. Harwood, Suite 360, Dallas, Texas 75201	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal Gas
1700' FSL & 1850' FWL (NESW)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T31N, R4W NMPM
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6669' GL	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report or Operation

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCCL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Change of Casing program ☒

(NOTE: Report results of multiple completion on Well Completion and Completion Report and Log form.)

17. 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.)*

Request approval to modify casing and drilling program as follows:

- Will drill 8-3/4" hole to top of Fruitland pay interval. Set 7" 23 lb/ft casing @ 3,300' and complete by drilling 6-3/4" open hole through Fruitland Coal zones to TD @ 3,300'. Will run uncemented, pre-perforated liner to TD @ 3,470' KB during completion phase if warranted.
- Casing program

		SIZE	WEIGHT	DEPTH	HOLE SIZE	CEMENT
OLD:	Surface	8-5/8"	24#	240'	12-1/4"	140 SX
	Production	5-1/2"	15.5#	3,570'	7-7/8"	500 SX
NEW:	Surface	9-5/8"	32#	240'	12-1/4"	150 SX
	Production	7"	23#	3,300'	8-3/4"	450 SX
	Pre-perf Liner	4-1/2"	10.5#	3,470'	6-3/4"	None

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

SIGNED

Steven S. Dunn

TITLE Engineer

DATE 4/9/90

(This space for Federal or State office use)

APPROVED BY

TITLE

Ken Townsend

CONDITIONS OF APPROVAL, IF ANY:

cc: Richmond
D. Delventhal
File

*See Instructions on Reverse Side

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 02-08-2001 BY 60322 UCBAW

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1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-23045
2. NAME OF OPERATOR Richmond Petroleum, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2651 N. Harwood, Suite 360, Dallas, Texas 75201	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1700' FSL & 1850' FWL (NESW)	8. FARM OR LEASE NAME Federal 31-4-33
14. PERMIT NO.	9. WELL NO. 1
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	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T31N, R4W NMPM
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Change of Casing program ☒

(NOTE: Report of Multiple completion on Well Completion or Recompletion Report and Log form.)

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APR 18 1990

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Ken Townsend

FARMER'S BUREAU AREA