

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)

1055' FSL and 1470' FWL (SE/4SW/4)

Sec. 34-T30N-R14W

5. Lease Designation and Serial No.

NM-206995

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

WE Federal #34-2

9. API Well No.

30-045-29882

10. Field and Pool, or Exploratory Area

Twin Mounds PC/Basin FT. Coal

11. County or Parish, State

San Juan County, NM

12. 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 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: REVISED ACREAGE DEDICATION PLAT

(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.)*

Attached is an amended Well Location and Acreage Dedication Plat for the Basin Fruitland Coal formation, correcting the proration unit for the Basin Fruitland Coal to be the S/2-Sec.34-T30N-R14W.

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

Signed: Cathleen Colby

Title: Land Manager

Date: September 15, 1999

(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.

ACCEPTED FOR RECORD

SEP 22 1999

FARMINGTON FIELD OFFICE
BY _____

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-102
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-045-29882	¹ Pool Code 71529	¹ Pool Name Basin Fruitland Coal
⁴ Property Code WF Federal	⁴ Property Name	⁵ Well Number 34-2
⁷ OGRID No. 019219	¹ Operator Name Richardson Operating Company	⁸ Elevation 5513'

¹⁰ Surface Location

UL or lot no. N	Section 34	Township 30N	Range 14W	Lot Ida Lot 3	Feet from the 1055	North/South line South	Feet from the 1470	East/West line West	County San Juan
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
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¹² Dedicated Acres 20.444 244.94	¹³ Joint or Infill Y	¹⁴ Consolidation Code	¹⁵ Order No.
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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

16 34	NM-0206995			17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Cathleen Colby Signature Cathleen Colby Printed Name Land Manager Title September 15, 1999 Date			
18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number							
<table border="1"><tr><td>Lot 4</td><td>Lot 3</td><td>Lot 2</td><td>Lot 1</td></tr></table>				Lot 4	Lot 3	Lot 2	Lot 1
Lot 4	Lot 3	Lot 2	Lot 1				

OK
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