

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 2000 JUN -6 PM 2:07

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)

795' FSL, 665' FEL

Sec. 29-T30N-R14W

5. Lease Designation and Serial No.

NMNM-97843

6. If Indian, Allote or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

WF Federal 29-2

9. API Well No.

30-045-30058

10. Field and Pool, or Exploratory Area

Twin Mounds PC Ext.

11. County or Parish, State

San Juan County, NM

12. CHECK APPROPRIATE BOX(es) 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 checked="" 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: see below |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(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.)*

Well completed as per attached treatment report



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

Signed: Cathleen Colley

Title: Land Manager

ACCEPTED FOR RECORD

Date: 5/3/00

(This space for Federal or State office use)

Approved by: _____

Title: _____

Date: _____

Conditions of approval, if any:

JUN 06 2000

FARMINGTON FIELD OFFICE

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.

RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: WF Federal 29-2
Date: 3/21/00
Field: Twin Mounds PC Ext. Location: 29-30N-14W County: San Juan State: NM
Stimulation Company: Schlumberger Dowell Supervisor: _____

Stage #: 1/1

Sand on location (design): 74,900 Weight ticket: _____ Size/type: 20/40 Brady Sand

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

Perforations

Depth: 980'-998' Total Holes: 72 PBTD: 1234'
Shots per foot: 4 EHD: 0.41

Breakdown

Acid: 200 gals
Balls: N/A
Pressure: 375# Rate: _____

Stimulation

ATP: 224# AIR: 24.2 bpm
MTP: 1437# MIR: 31.3 bpm

| | Sand Stage | Pressure | Breaker test |
|---------------------|------------|----------|-----------------|
| ISIP: <u>302#</u> | pad | 375# | 17 cps |
| 5 min: <u>240#</u> | 1 ppg | 398# | break in 46 min |
| 10 min: <u>174#</u> | 2 ppg | 407# | |
| 15 min: <u>0#</u> | 3 ppg | 389# | |
| | 4 ppg | 398# | |

Job Complete at: 12:01 hrs. Date: 3/20/00 Start flow back: N/A

Total Fluid Pumped: 35,445 gals 844 bbls

Total Sand Pumped: 74,900 Total Sand on Formation: _____

Total Nitrogen Pumped: N/A

Notes: