

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

WELL API NO. 30-045-30076	
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
State Oil & Gas Lease No. B-11242-47 & V-4832	
Lease Name or Unit Agreement Name WF State 16	
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: <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator Richardson Operating Company #019219	
3. Address of Operator 1700 Lincoln Street, Suite 1700, Denver, CO 80203	
4. Well Location Unit Letter <u>O</u> : <u>1280</u> feet from the <u>South</u> line and <u>1970</u> feet from the <u>East</u> line Section <u>16</u> Township <u>30N</u> Range <u>14W</u> NMPM San Juan County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 5700' GR	

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

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 recorepilation.

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 5/3/00

Type or print name Cathleen Colby Telephone No. 303-830-8000

(This space for State use)

APPROVED ORIGINAL SIGNED BY CHARLIE T. PERPES

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 16-3
Date: _____
Field: Harper Hill FR Sand PC Location: 16-30N-14W County: San Juan State: NM
Stimulation Company: Schlumberger Dowell Supervisor: _____

Stage #: 1/1

Sand on location (design): 46,600 Weight ticket: _____ Size/type: 20/40 Brady Sand

Fluid on location: No. of Tanks: 2 Strap: 32 Amount: 660 Usable: 600

Perforations

Depth: 1260'-1270' Total Holes: 40 PBTD: 1317'

Shots per foot: 4 EHD: 0.41

Breakdown

Acid: 200 gals

Balls: _____

Pressure: _____ Rate: 2.2

Stimulation

ATP: 504# AIR: 23.3 bpm

MTP: 1767# MIR: 32.6 bpm

	Sand Stage	Pressure	Breaker test
	pad	540#	
ISIP: <u>371#</u>	1 ppg	494#	
5 min: <u>298#</u>	2 ppg	485#	
10 min: <u>243#</u>	3 ppg	444#	
15 min: <u>201#</u>	4 ppg	471#	

Job Complete at: 8:57 hrs. Date: 3/21/00 Start flow back: NA

Total Fluid Pumped: 23,018 gals 549 bbls

Total Sand Pumped: 46,600 Total Sand on Formation: _____

Total Nitrogen Pumped: NA

Notes: