

Form 3160-5
(June, 1998)

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 (Postage, T, R, M, or Survey Description)

790' FLS and 1800' FWL, Section 35-T30N-R14W

5. Lease Designation and Serial No.

NM-0206995

6. If Indian, Allottee or Tribe Name**7. If Unit or CA, Agreement Designation****8. Well Name and No.**

Perf #90

9. API Well No.

30-045-30172

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

San Juan Co, NM

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

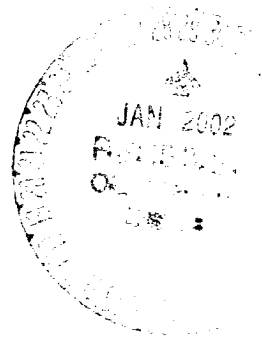
TYPE OF SUBMISSION	TYPE OF ACTION
☐ Notice of Intent	☐ Abandonment
☒ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☐ Surface Casing/Concreting
	☒ Other: see below
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ 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 per attached treatment report.

**14. I hereby certify that foregoing is true and correct**Signed: *[Signature]*

Title: Operations Manager

Date: 1-24-02

(This space for Federal or State official 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.

* See Instructions on Reverse Side

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RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: PERF #00
 Date: _____
 Field: Basin Fruitland Coal Location: 35-T30N-R14W County: San Juan State: NM
 Stimulation Company: American Energy Services Supervisor: John Durham

Stage #: _____

Sand on location (design): 73,360# Weight ticket: _____ Size/type: 20/40 Brady

Fluid on location: No. of Tanks: 2 Strap: 40 Amount: 800 bbls Usable: 760

Perforations

Depth: 1082' - 1098' Total Holes: _____ PBTD: _____
 Shots per foot: _____ EHD: .42"

Breakdown

Acid: 500 gals
 Balls: None
 Pressure: 1400 Rate: 5.0 bpm

Stimulation

ATP: 1800# AIR: 33
 MTP: 1830# MIR: 33

	Sand Stage	Pressure	Breaker test
ISIP: <u>730</u>	pad	1638	
5 min: <u>872</u>	1 ppg	1608	
10 min: <u>850</u>	2 ppg	1850	
15 min: <u>850</u>	3 ppg	1650	
	4 ppg	1550	

Job Complete at: 10.07 hrs. Date: 5/9/01 Start flow back: _____

Total Fluid Pumped: 733

Total Sand Pumped: 73,360# Total Sand on Formation: 72,800#

Total Nitrogen Pumped: None

Notes: