

UNITED STATES

SUBMIT IN DUPLICATE*

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137

Expires: February 28, 1995

(See other in-
structions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NMSF-079968	
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Richardson Operating Company		7. UNIT AGREEMENT NAME	
3. ADDRESS AND TELEPHONE NO. 1700 Lincoln, Suite 1700, Denver, CO 80203 303-830-8000		8. FARM OR LEASE NAME, WELL NO. WF Federal 33-3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1070' FSL, 1454' FWL At top prod. interval reported below same At total depth same		9. API WELL NO. 30-045-30378	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Twin Mounds PC	
DATE ISSUED		11. SEC. T. R. M., OR BLOCK AND SURVEY OR AREA Sec. 33, T30N-R14W	
15. DATE SPUDDED 01/02/2001		12. COUNTY OR PARISH San Juan	
16. DATE T.D. REACHED 01/04/2001		13. STATE NM	
17. DATE COMPL. (Ready to prod.) 02/23/2001		18. ELEVATIONS (DF, RKB, RT, GR, ETC)* 5450' GR	
19. ELEV. CASINGHEAD 5450'		20. TOTAL DEPTH, MD & TVD 1060' GL (1065' KB)	
21. PLUG, BACK T.D., MD & TVD 1023' GL (1028' KB)		22. IF MULTIPLE COMPL. HOW MANY?	
23. INTERVALS DRILLED BY		ROTARY TOOLS X	
24. PRODUCING INTERVAL(S) OF THIS COMPLETION --TOP, BOTTOM, NAME (MD AND TVD)* 912' - 925' Pictured Cliffs		25. WAS DIRECTIONAL SURVEY MADE YES	
26. TYPE ELECTRIC AND OTHER LOGS RUN Compensated Neutron Gamma Ray -CCL		27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7"	20#	133.5'	8 - 3/4"
4 - 1/2"	10.5#	1060'	6 - 1/4"
			85 SX
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
			SCREEN (MD)
			SIZE
			DEPTH SET (MD)
			PACKER SET (MD)
31. PERFORATION RECORD (Interval, size and number) 912' - 925' 52 holes 0.42" 4 spf		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) 912'-925' AMOUNT AND KIND OF MATERIAL USED 68,100 20/40 Brady	
33.* PRODUCTION			
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)		WELL STATUS (Producing or shut-in) Shut-in
DATE OF TEST 02/22/2001	HOURS TESTED 24	CHOKE SIZE 1/2"	PROD'N. FOR TEST PERIOD
FLOW. TUBING PRESS.	CASING PRESSURE 170	CALCULATED 24-HOUR RATE	OIL--BBL. GAS--MCF. WATER--BBL. GAS-OIL RATIO
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) vented		35. LIST OF ATTACHMENTS	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		FARMINGTON FIELD OFFICE	
SIGNED Cathleen Colby	TITLE Land Manager	DATE 3/15/2001	

*(See Instructions and Spaces for Additional Data on Reverse Side.)

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.

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Pictured Cliffs	910'	980'				

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NMSF-079968
2. Name of Operator Richardson Operating Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, T, R, M, or Survey Description) 1070' FSL, 1454' FWL Sec. 33-T30N-R14W	8. Well Name and No. WF Federal 33-3
	9. API Well No. 30-045-30378
	10. Field and Pool, or Exploratory Area Twin Mounds PC
	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 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

(This space for Federal or State office use)

Approved by: _____ Title: _____

Conditions of approval, if any:

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ACCEPTED FOR RECORD

Date: MAR 19 2001

FARMINGTON FIELD OFFICE

RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

Operator: Richardson Operating Company Well Name: WF Federal 33-3
 Date: 02/13/2001
 Field: Twin Mounds PC Location: 33-30N-14W County: San Juan State: NM
 Stimulation Company: American Energy Services Supervisor: John Durham

Stage #: 1/1

Sand on location (design): 68,100 Weight ticket: 68,100 Size/type: 20/40 Brady

Fluid on location: No. of Tanks: 2 Strap: 19' Amount: 760 bbls Usable: 760 bbls

Perforations

Depth: 912'-925' Total Holes: 52 PBTD: 1023' GL
1028' KB
 Shots per foot: 4 EHD: 0.42

Breakdown

Acid: 504 gals
 Balls: N/A
 Pressure: # 530 Rate: 5 barrels/minute

Stimulation

ATP: # 500 AIR: 37 bpm
 MTP: # 470 MIR: 37 bpm

	Sand Stage	Pressure	Breaker test
ISIP: <u>360#</u>	pad	510#	19 cps
5 min: <u>310#</u>	1 ppg	500#	break in 47 min
10 min: <u>300#</u>	2 ppg	470#	
15 min: <u>270#</u>	3 ppg	480#	
	4 ppg	520#	

Job Complete at: 1411 hrs. Date: 02/13/2001 Start flow back: N/A

Total Fluid Pumped: 28,980 gals 690 bbls

Total Sand Pumped: 68,100 Total Sand on Formation: 67,700

Total Nitrogen Pumped: NA

Notes: