

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.  
NMNM-97842

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
WF FEDERAL 27-39. API Well No.  
30-045-3039310. Field and Pool, or Field/Lottery  
HarperHill Fruitland Sand F11. County or Parish, and State  
SAN JUAN COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other2. Name of Operator  
RICHARDSON OPERATING COMPANYContact: JOHN WHISLER  
E-Mail: jwhisler@richardsonoil.com3a. Address  
1700 LINCOLN, SUITE 1700  
DENVER, CO 802033b. Phone No. (include area code)  
Ph: 303.830.8000  
Fx: 303.830.8009

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 27 T30N R14W NESW 1775FSL 1400FWL

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input checked="" type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

FRACTURE TREATMENT REPORT  
WF FEDERAL 27-3  
STIMULATION COMPANY: AMERICAN ENERGYPERFORATIONS: 1050'-1066'  
64 HOLES 4 SPF EHD: .38BREAKDOWN: 500 GAL 15% HCL  
400 PSI @ 3 BPMSTIMULATION:  
ATP: 605 AIR: 29.75

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

Electronic Submission #9911 verified by the BLM Well Information System  
For RICHARDSON OPERATING COMPANY, sent to the Farmington

Name (Printed/Typed) JOHN WHISLER

Title OPERATIONS

Signature

(Electronic Submission)

Date 12/31/2001

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

NMOCD

Additional data for EC transaction #9911 that would not fit on the form

32. Additional remarks, continued

MTP: 700                      MIR: 35

SAND STAGE              PRESSURE

PAD                      600

1PPG                    675

2PPG                    700

3PPG                    650

4PPG                    640

ISIP: 510

15 MIN: 394                      TOTAL FLUID PUMPED: 777

TOTAL SAND PUMPED: 80,940

TOTAL SAND OF FORM: 80,340

*MAH*