|  |                                       | New                                   | Mexico                                 |                  |                        | 1596 rorm C-142                        |
|--|---------------------------------------|---------------------------------------|--|------------------|------------------------|--|
| District I - (505) 393-6161<br>1635 NFrench Dr               | Energy Mi                             | nerals and Na                         | tural Reso                             | ources Dep       | artment                | Date 06/99                             |
| Hobbs, NM,88240<br>District II - (505) 748-1283              |                                       | Oil Conser                            |  | -                |                        | SUBMIT ORIGINAL                        |
| 811 S. First<br>Artesia, NM 88210                            |                                       | 2040 Sout                             | n Pacheco Stre                         | et B             | GEIV                   | PLUS 2 COPIES                          |
| <u>District III</u> - (505) 334-6178<br>1000 Rio Brazos Road |                                       |                                       | w Mexico 87                            |                  |                        | OFFICE                                 |
| Aztec, NM 87410<br><u>District IV</u> - (505) 827-7131       |                                       | (505)                                 | 827-7131                               |                  | FEB _ 3 20             |  |
| 2040 S. Pacheco<br>Santa Fe, NM 87505                        |                                       |                                       |  |                  |                        |  |
|  | -                                     | APPL                                  | ICATION FO                             | OR NEW WE        | LESTATUS               | DIVISION                               |
| I. Operator and  | Well                                  |                                       |  |                  |                        |  |
| Operator name & address                                      |                                       |                                       |  |                  | OGRID                  | Number                                 |
|  | OPerating Con                         |                                       |  |                  | (                      | 019219                                 |
| 1700 LIncol  | n Suite 170<br><del>80203</del>       | 0                                     |  |                  |                        |  |
| Contact Party CO-  | L. L.                                 | llen Gender                           |  |                  | Phone                  |  |
| Property Name  |                                       | <u>llen Condor</u>                    | L                                      |                  | API Nun                |  |
| WF Fede<br>UL Section Towns                                  | · · · · · · · · · · · · · · · · · · · | The North/Cour                        | the line   Fact                        | <u>k</u>         | 10-04.                 | 5-29882                                |
| UL Section Towns<br>34 30N                                   | hip Range Feet From<br>14W 1055       |                                       |  |                  | iast/West Line<br>Iest | County<br>San Juan                     |
| II. Date/Time Inf  |                                       | ANIN                                  | ······································ |                  |                        | ······································ |
| Spud Date<br>8-30-99   | Spud Time<br>9:30                     | Date Completed                        | Pool<br>Twin M                         | ounds PC/F       | asin Frui              | itland Coal                            |
|  |                                       |                                       |  |                  |                        | enced and Form C-105 or                |
|  | 3160-4 showing wel                    |                                       |  |                  |                        |  |
| IV. Attach a list o<br>V. AFFIDAVIT:                         | f all working interest (              | owners with their                     | percentage i                           | nterests:        | •                      |  |
|  | · ·                                   | · · · · · · · · · · · · · · · · · · · |  |                  |                        | · · · · · · · · · · · · · · · · · · ·  |
| State of   | lolorado)                             | · ·                                   |  |                  |                        | · ·                                    |
| County of  | Denver )                              | SS.                                   |  |                  |                        |  |
|  | · · · · · · · · · · · · · · · · · · · |                                       |  |                  |                        |  |
| David B. Behan   | dspeing first duly sw                 | orn, upon oath st                     | ates:                                  |                  |                        |  |
| 1. lami  | the Operator, or auth                 | orized representa                     | tive of the O                          | perator, of the  | e above-refe           | renced well.                           |
| 2. To th   | e best of my knowled                  | lge, this applicatio                  | n is complet                           | e and correct    | •                      |  |
| Signature Hund   | bks -                                 | Title                                 | President                              |                  | Date                   | 2/2/00                                 |
|  |                                       | nue                                   |  |                  |                        |  |
| SUBSCRIBED AND S   | WORN TO before m                      | e this <u>2nd</u> da                  | y of <u>Februa</u>                     | <u>ry , 2000</u> | $\gamma_{1}$           |  |
| · · · · ·  |                                       |                                       |  | MI K             | t SAL                  | a                                      |
|  |                                       | N                                     | otary Public                           |                  |                        |  |
| My Commission expire   | <u>s: 8-24-02</u>                     | 2                                     |  |                  |                        |  |
| FOR OIL CONSERVA   | TION DIVISION USE                     | ONLY:                                 |  |                  |                        |  |
| VI. CERTIFICAT   | ION OF APPROVAL:                      | . ·                                   | ,                                      |                  |                        |  |
|  |                                       |                                       | nced well is de                        | signated a Nev   | Well. By co            | py hereof, the Division notifies       |
| the Secretary o  | f the Taxation and Reve               | enue Department of                    | this Approval                          |                  |                        |  |
| Signature /  | <u> </u>                              | Title                                 |  |                  |                        | Crate B 1 4 2000                       |
| Merto  | bhh                                   | - /º.E                                | Ske                                    |                  |                        |  |
| 1 100  | por y                                 |                                       |  |                  | ····                   | 1                                      |
| VII. DATE OF NOT   | IFICATION TO THE SI                   | ECRETARY OF TH                        | E TAXATION                             | AND REVENU       | JE DEPARTN             | IENT: _2/14/00                         |
|  |                                       |                                       |  |                  |                        |  |
| NOTICE: The oper   | ator must notify a                    | II working inter                      | rest owner                             | s of this Nev    | w Well cer             | tification.                            |
|  |                                       | 5                                     | * <b>.</b>                             |                  |                        |  |

PVZV2010848004

| Imm 1983     UNITED STATES     FORM APPROVED       Idem, 1981     DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT     Budget Bureau, 10::036-0335       SUNDRY NOTICES AND REPORTS ON WELLS     Do not use this form for proposals to doll, or to depan or reentry to a different reservoir.<br>Lee "APPLICATION FOR PERMIT-" for such proposals     5. Leve Delagation and Seala Box.<br>MMMM-02009.95       1. Type of Well     SUBMIT IN TRIPLICATE     7. # Wat Sea.     5. Leve Delagation and Seala Box.<br>MMSM-02009.95       2. Neme of Operating<br>Company     Gas Well     Otive     8. Wet Sea.     3. # Gas Box.<br>MF Foderal 34.2       3. Adversare and Telephone No.     100 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000     10. Foderal 34.2       4. Location of Well (Fodege, T, R, M, er Servery Description)     10.055' FSL, 1470' FWL     10. Box of the sea Mess.<br>Sea. 34-130 Charles, NIL (M)       5. CHECK APPROPRIATE BOX(a) To IDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TWR OF ALLING Facturing     Well State Transmitter and Sealawary Area       17WE OF SUBMISSION     TYPE OF ALLING Facturing     Comparison Facturing     Non-Routing Facturing       2. Jobs: sea block     State of these to these these in the server)     State of these to the server)       3. Advertage in the rest.     Progla fields     Non-Routing Facturing       4. Location of Unitic the rest.     Progla fields     Non-Routing Facturing       5. Leve Descenter     Associa  | Budget Bureau No. 1004-0135<br>Expires: March 31, 1993<br>5. Lease Designation and Serial No. | INTERIOR                                | EPARTMENT OF TH                               | ne, 1990)   |
|---|---|---|---|---|
| BUREAU OF LAND MANAGEMENT       Express: March 31, 1933         SUNDRY NOTICES AND REPORTS ON WELLS       5. Lease Designation and Serial No.         Do not use this form for proposals to drill, or to despen or reentry to a different reservoir.       5. If Index, Alorite or Tribe Name         Use "APPLICATION FOR PERMIT-" for such proposals       7. If Unit or CA. Agreement Designation         1. Type of Well       X Gas Well       Other         0. Well       X Gas Well       Other         3. Address and Telephone No.       30-045-29882         1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000       10. Reid and Fool, or Exploritory Area         1. Carefy or Well       San Juan County, NM         2. ALEXA OF PROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TWI Mounds PC/Basin Fruitland Co         1055' FSL, 1470' FWL       San Juan County, NM       San Juan County, NM         12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TWPE OF ACTION         TYPE OF SUBMISSION       TYPE OF ACTION       Non-Reading Fraguing         Xubrego of Intent       Abendomment       Non-Reading Fraguing         Xubrego of Completed Operators are made and true vertical depth for all markets and zone pertinent dates of starting any proposed work.       Non-Reading Fraguing         Xubrego of Intent       Abendomment       Non-Reading Fraguing  | Expires: March 31, 1993<br>5. Lesse Designation and Serial No.                                |   |   |   |
| SUNDRY NOTICES AND REPORTS ON WELLS       5. Lase Designition and Serial No.         Do not use this form for proposals to drill, or to deepen or reentry to a different reservoir.<br>Use "APPLICATION FOR PERMIT-" for such proposals       9. It indem, Allente or Tribe Name         SUBMIT IN TRIPLICATION FOR PERMIT-" for such proposals       7. If Unit or CA. Agreement Designation         1. Type of Wall       X       Ges Well       Other         2. Name of Operating Company       9. Aff Well No.       9. Aff Well No.         3. Address and Telephone No.       30.045-29882       100.         17.00 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000       10. Field and Pool, or Exploratory Area         4. Location of Wall (Foctage, T, R, M, or Survey Description)       Twin Mound's PC/Basin Fruitland Co.         1055' FSL, 1470' FWL       Twin Mound's PC/Basin Fruitland Co.         26. 34.730N-R144W       San Juan Country, NM         12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         X       Abandonment R       Non-Routine Fracturing         X       Subsequent Report       Charge of Plans         Notice of Intent       Recomplation       Non-Routine Fracturing         X       Subsequent Report       Charge of Plans         X       Subsequent Report       <  | 5. Lease Designation and Serial No.   | AGEMENT                                 | IDEALLOG LAND M                               | -   |
| SUNDRY NOTICES AND REPORTS ON WELLS       NMNM-0208995         Do not use this form for proposals to drill, or to deepen or reentry to a different reservoir.   |   |   | JREAU OF LAND IN                              | В   |
| Do not use this form for proposals to drill, or to deepen or reentry to a different reservoir.<br>Use *APPLICATION FOR PERMIT-* for such proposals <ul> <li>It fundam, Abote or Tribe Name</li>             &lt;</ul>   | NMNM-0206995  |   |   | •   |
| Use "APPLICATION FOR PERMIT-" for such proposals       SUBMIT IN TRIPLICATE       1. Type of Well     C       01 Well     X       02. Name of Operator     8. Well Name and No.       10 Deparator     9. API Well No.       11 Too Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000     10. Fadd and Pool, or Exploratory Area       11 Costroge, T, R, M, or Survey Description!     Twin Mounds PC/Basin Fruitland Co       10 1055' FSL, 1470' FWL     San Juan County, NM       12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION     TYPE OF ACTION       12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       13. Subsequent Report     Abandomment       14. Jostef of Intent     Recompletion       15. Subsequent Report     Suffec Casing Repeir       13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent detas, including estimated date of rating any proposed work.       If well is directionally drilled, give subsurface locations and measured and true verticil depths for all markets and zones pertinent to t  |   | ORTS ON WELLS                           | OTICES AND R                                  | SUNDRY I  |
| SUBMIT IN TRIPLICATE       7. If Unit or CA, Agreement Designation         1. Type of Well       Image: Comparison of Compa   | eservoir. 6. If Indian, Allotte or Tribe Name   | pen or reentry to a different reserve   | proposals to drill, or to d                   | Do not use this form for                                |
| 1. Type of Well       Qii Well       X       Gas Weil       Other       8. Weil Name and No.         2. Name of Operator       WF Federal 34-2       Richardson Operating Company       9. Art Wel No.         3. Address and Telephone No.       30-045-29882       10. Field and Pool, or Exploratory Area         1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000       10. Field and Pool, or Exploratory Area       10. Field and Pool, or Exploratory Area         1. Coardin of Well (Footage, T. R. M. or Survey Description)       10. Field and Pool, or Exploratory Area       11. Country or Patch, State         Sec. 34-T30N-R14W       San Juan County, NM       12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION       New Construction         Image of Plans       Netrice of Intent       Rescription         Image of Plans       Notice of Intent       Claing Readir       New Construction         Image of Subsequent Report       Altering Cesting       Dispose Weter       Conversion to Injection         Image of Completed Operatione (Clearly state all pertinent details, and give partiant detas, 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.)*  |   | or such proposais                       |   |   |
| Oil Well     X     Gas Well     Other     8. Well Name and No.       2. Name of Operator     WF Federal 34-2     Richardson Operating Company     9. Arl Wat No.       3. Address and Telephone No.     30-045-29882     1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000     10. Fled and Pool, or Exploratory Area       4. Location of Well (Footage, T, R, M, or Survey Description)     10. Fled and Pool, or Exploratory Area     Twin Mounds PC/Basin Fruitland Co.       1055' FSL, 1470' FWL     San Juan County, NM     11. County or Patiet, State       Sec. 34-T30N-R14W     San Juan County, NM       12.     CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION     TYPE OF ACTION       IVPE OF SUBMISSION     TYPE OF ACTION       IN Notice of Intent     Recompletion       Instruction     Non-Routine Fracturing       Value and anoment Notice     Surface Casing/Cementing       Surface Casing/Cementing     Dispose Water       If inal Abandonment Notice     Surface Casing/Cementing       Surface Casing/Cementing     Dispose Water       If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markets and zones partinent to this work. <sup>14</sup>   | 7. If Unit or CA, Agreement Designation   |   | N TRIPLICATE                                  |   |
| 2. Name of Operating       WF Federal 34-2         Richardson Operating Company       9. Aft well No.         3. Address and Telephone No.       30-045-29882         1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000       10. Paki and Pool, or Exploratory Area         4. Location of Well (Footage, T, R, M, or Survey Description)       Twin Mounds PC/Basin Fruitland Co.         1055: FSL, 1470' FWL       Twin Mounds PC/Basin Fruitland Co.         Sec. 34-T30N-R14W       San Juan County, NM         12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: Construction       Non-Routine Fracturing         Image: Construction       Netice of Intent         Image: Casing Repair       Attening Casing Repair         Image: Conversion to Injection       Dispose Weter         Image: Conversion to Injection       Surface Casing/Casing         Image: Conversion to Injection       Dispose Weter         Image: Conversion to Injection on Well       Completed Operating any proposed work.         If well is directionally drilled, give subaurfece locations and measured and true vertical depths for all markets and zones partiment to this work.]*   | 8 Weil Name and No.   | Other                                   | Gas Wall                                      | <u></u>   |
| Richardson Operating Company       9. Arl Well No.         3. Address and Telephone No.       30-045-29882         1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000       10. Field and Pool, or Exploratory Area         4. Location of Well (Footage, T, R, M, or Survey Description)       10. Field and Pool, or Exploratory Area         1055' FSL, 1470' FWL       Twin Mounds PC/Basin Fruitland Co.         Sec. 34-T30N-R14W       San Juan County, NM         12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: Construction of Intent       Abandonment         Image: Report       Abandonment         Image: Report       Altering Cesing         Image: Report       Casing Repair         Image: Report       Subsequent Report         Image: Final Abandonment Notice       Surface Casing/Cementing         Image: Subsequent Report       X Other: see below         Image: Report Report       Other: see below         Image: Report Report       X Other: see below         Image: Report   |   |   | <u>_</u>                                      |   |
| 3. Address and Telephone No.       30-045-29882         1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000       10. Field and Pool, or Exploretory Area         4. Location of Well (Footage, T, R, M, or Survey Description)       Twin Mounds PC/Basin Fruitland Co.         10.55' FSL, 1470' FWL       Twin Mounds PC/Basin Fruitland Co.         Sec. 34-T30N-R14W       Twin Mounds PC/Basin Fruitland Co.         12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: Construction Report       Abandonment         Image: Construction       Notice of Intent         Image: Construction       Plugging Back         Image: Construction       Non-Routine Fracturing         Image: Construction       Other: see below         Image: Proposed or Completed Operatione (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 partinent to this work.1*   |   | :                                       |   | •   |
| 1700 Lincoln, Suite 1700, Denver, Colorado 80203 (303) 830-8000       19. Field and Pool, or Exploretory Area         4. Location of Well (Footage, T, R, M, or Survey Description)       Twin Mounds PC/Basin Fruitland Co.         1055' FSL, 1470' FWL       11. Coanty or Parlah, State         Sec. 34-T30N-R14W       San Juan County, NM         12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: Construction of Intent       Abandomment         Image: Notice of Intent       Recompletion         Image: Notice of Intent       Plugging Back         Image: Notice of Intent       Plugging Back         Image: Notice of Intent       Plugging Casing         Image: Notice of Intent       Surface Casing/Cementing         Image: Notice of Intent       Plugging Back         Image: Notice of Intent       Plugging Casing         Image: Notice of Intent       Surface Casing/Cementing         Image: Notice of   |   |   |   |   |
| 4. Location of Weil (Footage, T, R, M, or Survey Description)       Twin Mounds PC/Basin Fruitland Co.         1055' FSL, 1470' FWL       11. County or Periah, State         Sec. 34-T30N-R14W       San Juan County, NM         12.       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: State   |   | (303) 830-8000                          | er Colorado 8020                              | -   |
| 1055' FSL, 1470' FWL       11. County or Parish, State         Sec. 34-T3ON-R14W       San Juan County, NM         12       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: State of Intent       Abandomment         Image: Subsequent Report       Abandomment         Image: Subsequent Report       Casing Repair         Image: Subsequent Report       Subsequent Report         Image: Final Abandomment Notice       Sufface Casing/Cementing         Image: Subsequent Report       Image: Subsequent Report         Image: Subsequent Report       Image: Subsequent Report         Image: Subsequent Report       Sufface Casing/Cementing         Image: Subsequent Report       Image: Subsequent Report         Image: Subsequent Report       Sufface Casing/Cementing         Image: Subsequent Report       Image: Subsequent Report         Image: Subsequent Report       Image: Subsequent Report         Image: Subsequent Report       Image: Subsequent Report         Image: Subsequent Report       Subsequent Report         Image: Subsequent Report       Image: Subsequent Report         Image: Subsequent Report       Subsequent Report         Image: Subsequent Report       Subsequent Report  |   |   |   |   |
| Sec. 34-T30N-R14W       San Juan County, NM         12       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: Index of Intent       Abandonment         Image: Index of Intent       Plugging Back         Image: Index of Intent       Abandonment Report         Image: Index of Intent       Altering Cesing         Image: Index of Intent       Image: Index of Intent         Image: Index of Intent       Image: Intent Intent         Image: Intent I   |   |   | rea pescubrout                                |   |
| CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION         TYPE OF SUBMISSION         Change of Plans         Notice of Intent       Abandonment       New Construction         Notice of Intent       Recompletion       New Construction         X       Subsequent Report       Casing Repeir       Water Shut-Off         Conversion to Injection       Surface Casing/Cementing       Dispose Water         V       Other: see below       Place: Report results of multiple completion new let         Completed Operations (Clearly state all pertinent details, and give pertinent detes, 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 end zones pertinent to this work.)*  |   |   |   |   |
| TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intent       Abandomment         Notice of Intent       Recompletion         X       Subsequent Report         Final Abendomment Notice       Casing Repair         X       Other: see below         Other: see below       Mote: Report results of multiple completion on Well Completion Report and Log form).         13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent detes, 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.)*  |   |   |   |   |
| Abandonment       Change of Plans         Notice of Intent       Recompletion         X       Subsequent Report       Plugging Back         X       Subsequent Report       Casing Repeir         Altering Casing       Water Shut-Off         Conversion to Injection       Surface Casing/Cementing         X       Other: see below         Altering 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.)*  |   |   | CAST TO INDICATE!                             | · ····································                  |
| Notice of Intent       Recompletion       New Construction         X       Subsequent Report       Plugging Back       Non-Routine Fracturing         Final Abendonment Notice       Altering Cesing       Conversion to Injection         Surface Casing/Cementing       Dispose Water         X       Other: see below       Note: Report results of multiple completion on Well         Completed Operations (Clearly state all pertinent details, and give pertinent detes, 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.)*   |   |   | <u>├</u> ──────────────────────────────────── | ITTE OF SUBMISSION                                      |
| X       Subsequent Report       Plugging Back       Non-Routine Fracturing         X       Subsequent Report       Casing Repair       Water Shut-Off         E       Final Abendonment Notice       Surface Casing/Cementing       Dispose Water         X       Other: see below       Plote: Report results of multiple completion on Well         Completed Operations (Clearly state all pertinent details, and give pertinent detes, 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.)*  |   | -                                       |   | []  |
| X       Subsequent Report       Casing Repair       Water Shut-Off         Final Abandonment Notice       Altering Casing       Dispose Water         X       Other: see below       Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent detes, 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.)*   |   |   |   | Notice of Intent  |
| Final Abendonment Notice       Altering Casing       Conversion to Injection         Surface Casing/Cementing       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 detes, 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.)*   |   | -                                       |   |   |
| Final Abandonment Notice Surface Casing/Cementing Dispose Water Dispose Water Dispose Water Notice Dispose Water Dispose | Water Shut-Off  | Casing Repair                           |   | X Subsequent Report                                     |
| X Other: see below     (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.)*  | Conversion to Injection   | Altering Casing                         |   |   |
| 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.)*  | Dispose Water   | Surface Casing/Cementing                |   | Final Abandonment Notice                                |
| 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.<br>If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markets and zones pertinent to this work.)*  | (Note: Report results of multiple completion on Well  | Other: see below                        | [ [   |   |
| If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markets and zones pertinent to this work.)*   | Completion or Recompletion Report and Log form).  |   |   |   |
| Well completed as per attached treatment reports  |   |   |   | е   |
|   |   | nt reports                              | er attached treatm                            | Well completed as p                                     |
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| 14. Thereby cartify that the foregoing is true and correct  |   |   | <b>1</b> ,                                    | I hereby certify that the foregoing is true and correct |
| Signed: Affilien Low Title: Land Manager Date: 1-20-00  | Date: 1-20-00   | Title: Land Manager                     | m   | Signed: <u>(Attillen</u> (19                            |
| (This space for Federal or State office use)  |   |   | U.  | (This space for Federal or State office use)            |
| Approved by: Title: Date:   | Date:   | Title:                                  | <u> </u>                                      | pproved by:   |
| Conditions of approval, if any:   |   |   |   | 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  | or agency of the United States any false, fictitious or fraudulent                            | fully to make to any department or agen | any person knowingly and v                    |   |
| statements or representations as to any matter within its jurisdiction.   |   | · · · · · · · · · · · · · · · · · · ·   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| * See Instructions on Keverse bide  |   |   |   |   |
|   |   | ee instructions on Reverse Side         |   |   |
|   |   | ee Instructions on Reverse Side         |   |   |

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| t, |
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|    |

RICHARDSON OPERATING COMPANY

FRACTURE TREATMENT REPORT

| Operator:   | Richardson C    | Operating C | ompan    | IY          |     | Well Name:    |     | WF Federa                                   | al 34-2                                |            |                                       |               |           |
|-------------|-----------------|-------------|----------|-------------|-----|---------------|-----|---|--|------------|---------------------------------------|---------------|-----------|
| Date:       | 12/8/99         |             |          |             |     |               |     |   |  |            |                                       |               |           |
| Field:      | Twin Mounds     |             |          |             | _   | Location:     |     | 34-30N-14                                   | W                                      | County:    | San Juan                              | State:        | NM        |
| Stimulation | n Company:      | Schlumbe    | erger Do | owell       |     | Supervisor:   |     |   |  |            | · · · · · · · · · · · · · · · · · · · |               |           |
| Stage #:    | 1/2             |             |          |             |     |               |     |   |  |            | · · ·                                 |               |           |
| Sand on lo  | ocation (design | ı):         | <u> </u> | 52,0        | 000 | Weight ticke  | et: | 52,000                                      |  | Size/type: | 20/40 Arizona                         | l             |           |
| Fluid on lo | ocation:        | No. of Ta   | nks:     |             | 5   | Stra          | ap: | 18' 6"                                      | Amount:                                | 1850 bbis  | Usable:                               | <u>1750 b</u> | bls       |
| Perforati   | ons             |             |          |             |     |               |     |   |  |            |                                       |               |           |
|             | . •             | Depth:      |          | 1062' -     | 107 | 2'            |     | •   | Total Holes:                           | 40         |                                       | PBTD:         | 1248'     |
|             |                 | Shots per   | foot:    | <del></del> | 4   |               |     |   | EHD:                                   | 0.38       |                                       |               |           |
| Breakdo     | wn              |             |          |             |     |               |     |   |  |            |                                       |               |           |
|             |                 | Acid:       |          |             | 0   | 1             |     | •   |  |            |                                       |               |           |
|             |                 | Balls:      |          | N/A         |     |               |     |   | ·                                      |            |                                       |               |           |
|             |                 | Pressure:   |          |             |     |               |     |   | Rate:                                  |            |                                       | -             |           |
| Stimulat    | ion             |             |          |             |     |               |     |   |  |            |                                       |               |           |
|             |                 | ATP:        |          | 559#        |     |               | -   | -   | AIR:                                   | 22.8 bpm   |                                       | -             |           |
|             |                 | MTP:        |          | 751#        |     |               |     | _   | MIR:                                   | 30.7 bpm   |                                       | -             |           |
|             |                 |             |          |             |     |               |     | <b>€0</b> 000000000000000000000000000000000 |  |            |                                       | ŝ             |           |
|             | •               |             |          |             |     | Sand Stage    |     | Pressure                                    |  |            | Breaker test                          |               |           |
|             | ISIP:           | 343#        | ••       |             |     | pad<br>1 ppg  |     | 641#<br>632#                                |  |            | 20 cps<br>break in 1 hr               |               | · .       |
|             | 5 min:          |             |          | -           |     | 2 ppg         |     | 659#  |  | •          | break in 1 m                          |               |           |
|             | 10 min:         |             |          | <b>-</b> .  |     | 3 ppg         |     | 645#  |  |            |                                       |               |           |
|             | 15 min:         |             |          | -           |     | 4 ppg         |     | 609#  |  |            |                                       |               |           |
|             | Job Complet     | e at:       | 9:48     | hrs.        |     | . ·           |     | Date:                                       | 12/8/99                                | <u>)</u> 5 | Start flow back:                      | 12            | 2/8/99    |
|             |                 |             |          |             |     |               |     |   |  |            |                                       |               |           |
|             | Total Fluid P   | umped:      | 544 bl   | ols 22,     | 885 | gals          |     | -   | · ·                                    |            |                                       |               |           |
|             | Total Sand P    | umped:      | 52,00    | <u>)</u>    |     |               |     | - <sub>.</sub> 1                            | Total Sand on                          | Formation  | 52,000                                |               | <u></u> . |
|             | Total Nitroge   | n Pumped    | :        | N/A         |     |               |     |   |  | -<br>-     |                                       |               |           |
| Notes:      |                 |             |          |             |     | · · · · · · · |     |   | ······································ |            |                                       |               |           |
| NOLES.      |                 |             |          |             |     |               |     |   | ۰.                                     |            |                                       |               |           |
|             | н.<br>1         |             |          |             | •   |               |     |   |  |            |                                       |               |           |
|             |                 |             |          |             |     |               |     |   |  |            |                                       |               |           |
|             |                 |             |          |             |     |               |     | •   |  |            |                                       |               |           |
|             |                 |             |          | ·           |     |               |     |   | ·                                      |            | <u> </u>                              |               |           |
| L           |                 |             |          |             |     |               | _   |   |  |            |                                       |               |           |
|             |                 |             |          | · .         |     |               |     |   |  |            |                                       |               |           |
|             |                 |             |          |             |     |               |     |   |  |            |                                       |               |           |

| (92 هي الد                          | U                        | NITED S          | TAT                                   | ·                         | SUBN            | int in    | DUPLICA          | TE*         |                                    |                | 1004-0137           |
|-------------------------------------|--------------------------|------------------|---------------------------------------|---------------------------|-----------------|-----------|------------------|-------------|------------------------------------|----------------|---------------------|
| •                                   | DEPARTM                  |                  | THE INT                               | FRIOR                     |                 |           | •                | ee other in |                                    |                | uary 28, 1995       |
| •                                   |                          |                  |                                       |                           |                 |           |                  |             | 5. LEASE DESIGNAT                  |                |                     |
|                                     |                          |                  | MANAGE                                |                           |                 |           |                  |             | 6. IF INDIAN, ALLO                 |                | 0206995             |
|                                     | OMPLETIC                 |                  | ECOMPL                                | ETION R                   | EPOR            |           |                  | 5*          |                                    | IIL2 OK        |                     |
| TYPE OF WELL:     TYPE OF COMPLETIN | <b></b>                  | OIL<br>WELL      | GAS<br>WELL X                         | DRY                       | ) Other         |           |                  |             | 7. UNIT AGREEMEN                   | IT NAME        |                     |
| NEW X                               |                          | DEEP-            | PLUG<br>BACK                          | DIFF.<br>RESVR            | Other           |           |                  | -           | 8. FARM OR LEASE                   | NAME           | WELLNO              |
| 2 NAME OF OPERATO                   |                          |                  |                                       |                           |                 |           |                  |             |                                    |                | eral 34-2           |
| 3. ADDRESS AND TELE                 | EPHONE NO.               | Richards         | on Operating                          | g Company                 |                 |           | <u></u>          |             | 9. API WELL NO.                    |                | 30-045-29882        |
|                                     | 1700 Lincoln             |                  |                                       |                           | 303-830-        | 8000      |                  |             | 10. FIELD AND POOL                 | -              |                     |
| LOCATION OF WELL<br>At surface      | 1055' FSL, 14            | -                | nce with any State P                  | eguirements) -            |                 | •         |                  |             | 1 W<br>11. SEC., T., R., M., OF    | _              | CAND SURVEY         |
| At top prod interval                | reported below           | same             |                                       |                           |                 |           |                  |             | OR AREA                            |                |                     |
| At total depth                      |                          |                  |                                       |                           |                 |           |                  |             | Sec. 1                             | 34 <b>-</b> T3 | 0N-R14W             |
| same                                |                          |                  | 14. 1                                 | PERMIT NO.                |                 | DATE IS   | SSUED            |             | 12. COUNTY OR<br>PARISH            | <u></u>        | 13. STATE           |
| 3. DATE SPUDDED                     | 16. DATE T.D. REACH      | ED               | 17. DATE COMPL.                       | (Ready to prod )          | 18.             | ELEVA     | TIONS (DF, RA    | B. ST GR    | San Juar                           |                | EV. CASINGHEAD      |
| 8/30/99                             | . 9/1/9                  | 9                |                                       |                           |                 |           | 55               | 13' GL      |                                    |                | 5513'               |
| 29. TOTAL DEPTH, MD & 1295'         | ≰ TVD 21. PLI            | XG, BACK T.D., M | D&TVD                                 | 22. IF MULTI<br>HOW MA    |                 | 2         | 23. INTERVA      |             | ROTARY TOOLS                       |                | CABLE TOOLS         |
| 1275                                | VAL(S) OF THIS COM       | PLETION -TOP,    | BOTTOM NAME (                         | MD AND TVD)*              |                 |           |                  |             | A                                  |                | 25. WAS DIRECTIONAL |
|                                     |                          |                  | 1062' - 10                            | 072' Pictured             | l Cliffs        |           |                  |             |                                    |                | SURVEY MADE<br>VCS  |
| 15. TYPE ELECTRIC AN                | D OTHER LOGS RUN         |                  | ~                                     |                           |                 |           |                  |             |                                    | 27. W          | AS WELL CORED       |
|                                     |                          |                  |                                       | ASING RECORD              |                 | trings se | et in well)      |             |                                    |                | <u>no</u>           |
| CASING SIZE/GRADE                   |                          | LB/FT.           | DEPTH SE                              | T (MD)                    | HOLE SIZE       | E         |                  |             | CEMENTING RECOR                    | D              | AMOUNT PULLED       |
| 7"                                  |                          | )#<br>.Ĵ#        | 140                                   |                           | 8 - 3/4         |           |                  |             | (59 cu.ft.)<br>134 cu.ft.)         |                | surface             |
|                                     |                          |                  |                                       |                           |                 |           |                  |             |                                    |                |                     |
|                                     |                          | LIN              | IR RECORD                             |                           |                 |           | 30.              |             | TUBIN                              | IG REC         | ORD                 |
| SIZE                                | TOP (MD)                 | зотто            | M (MD) 5                              | ACKS CEMENT               | SCRE            | EN (MD    |                  | SIZE        | DEPTH SET (M                       | D)             | PACKER SET (MD)     |
|                                     | <u> </u>                 |                  |                                       | <u> </u>                  |                 |           |                  | - 3/8"      |                                    |                | 1057'               |
| 31. PERFORATION REC                 | ORD (Interval, size an   | d ramber)        | ·                                     |                           | 32.             |           |                  | D, SHOT, FR | ACTURE, CEMENT SC<br>AMOUNT AND KE |                |                     |
| 1062' - 1072'                       | 40 holes .33             | 3"               | · ·                                   | 1 M                       |                 | 52' - 1   | AL (MD)<br>1072' |             | 52,000 2                           |                |                     |
|                                     | 4 spf                    |                  |                                       |                           |                 |           |                  |             | Lin                                | ear G          | el                  |
|                                     |                          |                  |                                       |                           |                 |           |                  | +           |                                    |                |                     |
| 13-<br>DATE FIRST PRODUCTIO         | N 100                    |                  |                                       |                           | RODUCTION       |           |                  |             | IN/ELL                             | STATI          | S Producing or      |
| JATE FIRST PRODUCTIO                |                          | CODUCTION ME.    | HOD (Flowing, gas                     | lift, pumping-size a      | ина гуре ој рит | <i>P)</i> |                  |             |                                    | ut-inj         | s promiting or      |
| DATE OF TEST                        | HOURS TESTED             | СНС              | OKE SIZE                              | PRODN. FOR<br>TEST PERIOD | 0E-38L.         |           | GAS-MCF.         |             | WATER-BSL                          |                | GAS-OIL RATIO       |
| TOW, TUBING PRESS.                  | CASING PRESS             | 1                | CULATED<br>OUR RATE                   | OIL-BBL.                  | GAS-)           | MCF.      | L                | WATER-8     | BBL.                               | OIL G          | RAVITY-API (CORR.)  |
| 34. DISPOSITION OF GA               | AS (Sold, used for fuel, | vensed, etc.)    |                                       | •·                        |                 |           |                  |             | TEST WITNE                         | ISED BY        |                     |
| 35 LIST OF ATTACHMI                 | ENTS                     |                  | · · · · · · · · · · · · · · · · · · · |                           |                 |           | ,                |             | _,↓,                               | <u> </u>       |                     |
| 36. I hereby certuly that th        |                          | r .              | implets and correct a                 | s determined from all     | available recon |           |                  |             |                                    |                | 2- 1-               |
| SIGNED                              | Shleen.                  | collony_         |                                       | TTLE                      |                 | Lang      | d Manage         | er          | DATE                               | Ja             | пиасу до, дооо      |
|                                     |                          |                  |                                       | nd Spaces fo              |                 |           |                  |             | Side.)                             |                | agency of the       |

Lile 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.

| FORMATION      | ТОР   | BOTTOM | DESCRIPTION, CONTENTS, ETC.             | NAME | TO<br>MEAS. DEPTH | P<br>TRUE<br>VERT. DEPTH |
|----------------|-------|--------|---|------|-------------------|--------------------------|
| Fruitland      | 1034' | 1052'  |   |      |                   |                          |
| ictured Cliffs | 1062' | 1072'  |   |      |                   |                          |
|                |       |        | 2 · · · · · · · · · · · · · · · · · · · |      |                   |                          |
|                |       |        |   |      |                   | ·                        |
|                |       |        |   |      |                   |                          |
|                |       |        |   |      |                   |                          |
|                |       |        |   |      |                   |                          |
|                |       |        |   |      |                   |                          |



## **RICHARDSON OPERATING COMPANY**

1700 Lincoln, Suite 1700 Denver, Colorado 80203 (303) 830-8000 FAX (303) 830-8009

## WF FEDERAL 34-1

## WORKING INTEREST: RICHARDSON PRODUCTION CO. 100% 1700 LINCOLN SUITE 1700 DENVER, CO 80203 303-830-8000

| . 7                         | 02/10/00 15:01   | <b>2</b> 303 830 8009  | RICHARDSON OPER.                 | Ø. 00  |
|-----------------------------|--|--|----------------------------------|--|
| -                           | <b>/</b>   | ·  |                                  |  |
| i Lieu<br>orm 31<br>hine 19 | 160-5 DEPAR  | UNITED STATES<br>TMENT OF THE INTERIOR<br>J OF LAND MANAGEMENT         | RECENT                           | FORM APPROVED<br>Budget Bureau No. 1004-0135<br>Expires: March 31, 1993  |
| o not u<br>ERMI             | SUNDRY NOT<br>use this form for proposals to drill or to o<br>T-" for such proposals | ICES AND REPORTS ON WELLS<br>leaper or reartry to a different reservoi |                                  | 0  |
|                             |  |  | 070 FATTLE BILL                  | Lease Designation and Serial No.   |
|                             |  |  | 6.                               | If Indian, Allottee or Tribe Name  |
|                             | SL   | BMIT IN TRIPLICATE   | 7.                               | If Unit or CA, Agreement Designation   |
|                             | Type of Well<br>O Oil Well [2] Gas Well  | 🗆 Other  | 8.<br>WF                         | Well Name and No.<br>Federal 34 #2   |
|                             | Name of Operator<br>Richardson Operating Company                                     |  | 9.<br>30-                        | API Well No.<br>045-29882  |
|                             | Address and Telephone No. C/O V<br>7415 East Main, Farmington, NM                    | Valah Engineering & Production Co<br>[ 87402 505-327-4892              |                                  | Field and Pool, or Exploratory Area<br>rper Hill PC/Basin Frt. Coal  |
|                             | Location of Well (Footage, Sec., T.,<br>1055' FSL & 1470' FWL, Sec. 34               | · · ·  | 11.<br>Sau                       | County or Parish, State<br>a Juan, NM.   |
|                             | CHECK AP   | PROPRIATE BOX(3) TO INDICATE   | E NATURE OF NOTICE, REPORT, OR O | THER DATA  |
|                             | TYPE OF SUBMISSION   |  | TYPE OF ACTION                   | 1  |
|                             | Notice of Intent   | C Abandonn<br>C Recomple   |                                  | Change of Plans  |
|                             | 🛛 Subsequent Report  | Plugging I     Casing Re   | Back                             | Non-Routine Fracturing   |
|                             | Final Abandonment  | □ Casing Re<br>□ Altering C<br>□ Other _se                             | asing                            | Water Shut-Off     Conversion to Injection     Dispose Water     (Note: Report results of multiple completion on     Weil Completion or Recompletion Report and     Log form.) |

is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones periment to this work.)\*

8/30/99 - Spud 8-3/4" hole @ 0930 hrs. TD surface hole 140'. Run 3 jts. of 7", 20#, ST&C casing (130.80') & land @ 136' KB. Cement w/ 50 sx (59 cu.ft.) of Class "B" cement w/ 2% CaCl2. PD @ 1545 hrs. 8/30/99. Circulated 5 bbls of cement to surface.

9/1/99 - TD 4-1/2" hole @ 1500 hrs. @ 1295'. Run 30 jts. of 4-1/2", 10.5#, ST&C white band casing (1287.58') & land @ 1293' KB. Cement w/ 65 sx (134 cu.ft.) of Class "B" cement w/ 2% Sodium Metasilicate & tail in w/ 75 sx (88.5 cu.ft.) of Class "B". PD @ 19:00 hrs. 9/1/99. Circulated 10 bbls of cement to surface.

| 14.                      | I hereby certify that the forgoing is true and correct   |                       |              |                               |            |  |
|--------------------------|--|-----------------------|--------------|-------------------------------|------------|--|
| -                        | Signed Signed  | n C. Thompson)        | Title        | Agent/Engineer                | Date       | 09/09/99                               |
|                          | (This space for Federal or State office use)   |                       |              |                               |            |  |
|                          | Approved by<br>Conditions of approval, if any:   | . <u>.</u>            | Title        |                               | Date       |  |
| Title 18 U<br>statements | I.S.C. Section 1001, makes it a crime for any person knowi<br>s or representations as to any matter within its jurisdiction. | ngly and willfully to | make to any  | department or agency of the L |            | es any false, fictitious or fraudulent |
|                          | · ·  | *See Instruction o    | n Reverse Si | de                            |            |  |
|                          |  |                       |              |                               |            | SEP 1 4 1999                           |
|                          |  |                       |              |                               | FAR<br>BY- | MINGTON FIELD OFFICE                   |
|                          |  |                       | OPER         | ROTA                          | - 0        |  |

|   | 15:02   | <b>C</b> 303 830   | 9008   | RICHA                                     | RDSON OPER.                            |   | Ø                            |
|---|---|--|--|---|--|---|------------------------------|
| y 1992)   | UNITE   | D STAT.  |  | SUBMIT IN                                 | DUPLICATE*                             |   | NI AFERUNED<br>NO. 1004-0137 |
| ות  | EPARTMENT   | OF THE IN  | TERIOR   |   | (See other<br>structions               | Expires:  | February 28, 1995            |
|   |   |  |  |   | reverse si                             | E S. LEASE DESIGNATI                            |                              |
|   | BUREAU OF LA  |  |  | <u></u>                                   |  |   | NM-0206995                   |
| WELL CON  | APLETION OF   | R RECOMP   | LETION R   | EPORT AN                                  | ID LOG*                                | 6. IF INDIAN, ALLOT                             | tee or trube name            |
| 1:175 OF WELL   | OIL.<br>WELL  | GAS WELL   |  | Other                                     |  | 7. UNIT AGREEMENT                               | NAME                         |
| TYPE OF COMPLETION:   | WORK DEEP-  |  |  | <br>7                                     |  |   |                              |
| WELL  | OVER EN   | 3ACK   | RESVR  | Other                                     |  | TARMOR LEASEN                                   | Federal 34-2                 |
|   |   | ardson Operatii  | ng Company   |   |  | 9. API WELL NO.                                 | 30-045-29882                 |
| ADDRESS AND TELEPHO   | ONE NO.<br>00 Lincoln, Suite  | 1700 Denver  | CO 80203   | 303-830-8000                              |  | 10. FELD AND POOL                               |                              |
| LOCATION OF WELL IR   | por location clearly and in a   | ecordance with any State   |  | 505 050 0000                              |  | -   | Basin FC                     |
| At surface 10   | 55' FSL, 1470' FW   | ΛL.  |  |   |  | II. SEC., T., R., M., OR<br>OR AREA             | BLOCK AND SURVEY             |
| At top prod. interval report  | net below Same  | e  |  |   |  | Sec. 3  | 4-T30N-R14W                  |
| At wal depth  |   | <b></b>  | 00011000   |   |  |   |                              |
| same  |   |  | . PERMIT NO.   | OATE !!                                   | ISVED                                  | 12. COUNTY OR<br>PARISH                         | D. STATE                     |
| DATE SPUDDED 16. 0  | DATE T.D. REACHED   | 17. DATE COMP  | L. (Ready to prod.)  | 18. ELEVA                                 | TONS (DF. 3KB. 3T. C                   | San Juan  | 19. ELEV. CASENGHEAD         |
| 8/30/99   | 9/1/99  |  | 4-99   |   | 5513' GI                               |   | 5513'                        |
| тотац DEPTH, MD & TV<br>1295'   | D 21. PLUG, BACK  | T.D., MO & TVD   | 21 IF MULT   |   | 23. DITERVALS<br>DRILLED BY            | ROTARY TOOLS                                    | CABLE TOOLS                  |
|   | (S) OF THIS COMPLETION  | -TOP, BOTTOM NAME  | (MD AND TVD)-  | <u></u>                                   |  |   | 25. WAS DELECTIONAL          |
|   | .,  |  | 1052' Fruitian   | id Coal                                   |  |   | SURVEY MADE                  |
| TYPE ELECTRIC AND O   | THER LOGS RUN   |  |  |   |  |   | 17. WAS WELL CORED           |
|   |   |  | ated Neutron   |   |  |   | RO                           |
|   |   |  |  | (Report all strings s                     |  |   |                              |
| ASING SIZE/GRADE  | WEIGHT, L3/FT.<br>20#   | The second s | <u>зет (MD)</u><br>40'   | ROLE SIZE<br>8 - 3/4"                     |  | nt. cementing record<br>in (59 cu.ft.)          | AMOUNT PULLED<br>SULFACE     |
| 4 - 1/2"  | 10.5#   | 12   | 295'   | 6 ' 1/4"                                  | 65 s:                                  | x (134 cu.ft.)                                  | surface                      |
|   | <u> </u>  |  |  |   | ·····                                  |   |                              |
|   |   | LINER RECORD   |  |   | 30.                                    |   | RECORD                       |
| SIZE  | TOP (MD)  | 20TTOM (MD)  | SACKS CEMENT   | SCREEN (MD                                | ) <u>size</u><br>2 - 3/8*              | DEPTH SET (MD                                   | )) PACKER SET (MD)<br>1057"  |
|   |   |  |  |   |  |   |                              |
| PERFORATION RECORD  | D Anterval, size and ramber;  |  |  | DEPTH INTERV                              |  | FRACTURE, CEMENT SQU                            | JEEZE, ETC.                  |
| 1034' - 1052' 1   | 72 holes .38"   | •  | •  | 1034' -                                   |  |   | /40 Arizona                  |
| -   | 4 spf   |  |  |   |  | Line  | ar Gel                       |
|   |   |  |  |   |  |   |                              |
|   |   |  |  | •   |  |   |                              |
|   |   |  | the second s | RODUCTION                                 | ······································ |   |                              |
| ·   | PRODUCTIO   | DN METHOD (Flowing, )  | the second s |   |  | WELL .  | STATUS (Producing or<br>Int  |
| E FIRST PRODUCTION  |   |  | gas üft, pançınış-rse d  | and type of pump)                         | GAS-MCF.                               |   |                              |
| E FIRST PRODUCTION  | PRODUCTIC<br>HOURS TESTED<br>48   | DN METHOD (Flowing, )<br>CHOKE SIZE  | the second s |   | gasMCF.<br>110                         |   | GAS-OIL RATIO                |
| E FIRST PRODUCTION<br>E OF TEST<br>12/14/99   | HOURS TESTED  | CHOKE SIZE<br>1/2"<br>CALCULATED   | PRODN. FOR   | and type of pump)                         | 110                                    | WATER-BBL                                       | GAS-OIL RATIO                |
| E FIRST PRODUCTION<br>E OF TEST<br>12/14/99<br>W. TUBING PRESS.<br>20   | HOURS TESTED<br>48<br>CASING PRESSURE<br>80                                       | CHOKE SIZE<br>1/2"<br>CALCULATED<br>24 HOUR RATE   | PRODN. FOR   | OL-38L.<br>CAS-MC7.                       | 110                                    | WATER-BBL<br>360<br>3-38L.<br>180               | GAS-OIL RATIO                |
| E FIRST PRODUCTION<br>E OF TEST<br>12/14/99<br>W. TUBING PRESS.<br>20<br>DISPOSITION OF GAS (                                     | HOURS TESTED<br>48<br>CASING PRESSURE   | CHOKE SIZE<br>1/2"<br>CALCULATED<br>24 HOUR RATE   | PRODN. FOR   | OL-38L.<br>CAS-MC7.                       | 110<br>'WATE                           | WATER-BBL<br>360                                | GAS-OIL RATIO                |
| E FIRST PRODUCTION<br>E OF TEST<br>12/14/99<br>W. TUBING PRESS.<br>20<br>DISPOSITION OF GAS (<br>Vented                           | HOURS TESTED<br>48<br>CASING PRESSURE<br>80<br>Said, ward for fuck serviced, erc. | CHOKE SIZE<br>1/2"<br>CALCULATED<br>24 HOUR RATE   | PRODN. FOR   | OL-38L.<br>CAS-MC7.                       | 110<br>'WATE                           | WATER-BBL<br>360<br>3-38L.<br>180               | GAS-OIL RATIO                |
| TE FIRST PRODUCTION<br>TE OF TEST<br>12/14/99<br>DW. TUBENG PRESS.<br>20<br>DISPOSITION OF GAS &<br>Vented<br>LIST OF ATTACHMENT  | HOURS TESTED<br>48<br>CASING PRESSURE<br>80<br>Said, wed for fuel serviced, etc.  | CHOKE SIZE<br>1/2"<br>CALCULATED<br>24-HOUR RATE   | PRODY. FOR<br>PRODY. FOR<br>TEST PERIOD<br>OIL-BBL   | ond type of pump)<br>OIL-3BL.<br>CAS-MC7. | 110<br>'WATE                           | WATER-BBL<br>360<br>3-38L.<br>180               | GAS-OIL RATIO                |
| TE FIRST PRODUCTION<br>TE OF TEST<br>12/14/99<br>IW. TUBBING PRESS.<br>20<br>DISPOSITION OF GAS &<br>Vented<br>LIST OF ATTACHMENT | HOURS TESTED<br>48<br>CASING PRESSURE<br>80<br>Said, ward for fuck serviced, erc. | CHOKE SIZE<br>1/2"<br>CALCULATED<br>24-HOUR RATE   | PRODY. FOR<br>PRODY. FOR<br>TEST PERIOD<br>OIL-BBL   | OIL-BBL.<br>OIL-BBL.<br>CAS-MCF.          | 110<br>'WATE                           | VATER-BBL<br>360<br>3-38L<br>180<br>TEST WIINES | GAS-OIL RATIO                |