Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: 14-20-0603-9535

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo + Allotted

7. UNIT AGREEMENT NAME: None

8. FARM OR LEASE NAME: Dosh e pi-Henio

9. WELL NO.: 2-X

10. FIELD AND POOL, OR WILDCAT: Lone Pine Dakota "D"

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 17-17N-8W

12. COUNTY OR PARISH: McKinley

13. STATE: New Mexico

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

2. NAME OF OPERATOR: BEARD OIL COMPANY

3. ADDRESS OF OPERATOR: 2000 Classen Center, 200 So., Okla. City, Okla. 73106

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1650' FNL & 330' FWL of Sec. 17-17N-8W McKinley County, New Mexico
At top prod. interval reported below: Same
At total depth: Same

14. PERMIT NO.: —
DATE ISSUED: 8-27-71

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
9-5-71	9-8-71	9-9-71	7007 GR - 7018 KB	7007

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
2912	-----	------	→	0=2912	None

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: None - Dry Hole

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: None

27. WAS WELL CORED: No

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24	94' KB	12-1/4	50 sx Regular	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
None				

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
None		

31. PERFORATION RECORD (*Interval, size and number*): None

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
None	

RECEIVED
SEP 20 1971
OIL CON. COM.
DIST. 3

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)
None	----------	P&A

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)

TEST WITNESSED BY: SEP 1 1971

U. S. GEOLOGICAL SURVEY

35. LIST OF ATTACHMENTS: None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Ivan D. Allred, Jr. TITLE Petroleum Engineer DATE 9-14-71

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.
If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.
Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.
Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.
Item 29: *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.
Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

NOTE: THIS WELL DRILLED AS REPLACEMENT WELL FOR DOSH E PI-HENIO #2 WHICH WAS NON-COMMERCIAL @ LOCATION IN SAME DRILLING UNIT, 1800' FNL & 330' FWL SEC. 17-17N-8W, AND IS NOW TEMPORARILY ABANDONED.

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Dakota "D" ø	2798	2811	DST #1 - 2798-2803 (5') GTS 7" - TSTM - Rec. 1785' fluid as follows: 15' HOCM (25% free oil-48° Gr API @ 60°F) 120' SO&GCSW, 1650' SGCSW. Wtr Resistivity from Smp.Chmbr. 3.50 @ 80° F - 1400 ppm Cl. Opn 15" SI 30", opn 60", SI 60'. IHP 1375, FHP 1366, IFP 37-371, FFP 390-737, ISIP 809, FSIP 809, BHT 109°F.
Dakota "E"	2898	2912	DST #2 - 2898-2912 (14') No gas recvry.Rec. 55' wtr cut mud w/no sho oil or gas Opn 60" SI 60" - IHP 1476, FHP 1458 FP 17-51, FSIP 970 psig. BHT 110°F
ALL MEASUREMENTS KB DATUM	7018'	- PLUGGED & ABANDONED AS FOLLOWS:	
		Plug #1	2590-2912 TD w/102 sx
		#2	1640-1840 w/ 70 sx
		#3	470- 570 w/ 30 sx
		#4	50- 125 w/ 25 sx
		#5	0- 10 w/ 3 sx
		Total	230 sx - JOB COMPLETE 6:30 P. M. 9/9/71
		LOCATION WILL BE CLEANED UP & DRY HOLE MARKER ERECTED	

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Point Lookout	520'	
Hospah	1690'	
Massive	1790'	
Green Horn	2510'	
Graneros	2570'	
1st Dakota	2644'	
2nd Dakota	2700'	
3rd Dakota	2730'	
Dakota "D" ø	2798	
Dakota "E" ø	2898'	

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: Beard Oil Company

Address: 2000 Classen Center Oklahoma City, Oklahoma 73106

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Dosh e pi Henio	#1	Lone Pine Dakota "D"	State, Federal or Fee Indian 14-20-0603-9535	

Location

Unit Letter D ; 330 Feet From The North Line and 330 Feet From The West

Line of Section 17 Township 17N Range 8W , NMPM, McKinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ — Address *(Give address to which approved copy of this form is to be sent)*

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ — Address *(Give address to which approved copy of this form is to be sent)*

Tenneco Oil Company — 1200 Lincoln Tower Bldg. Denver, Colo. 80203

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	17	17N	8W		10-15-71

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. D. Hicks
Engineering & Production Service, Inc.
President
(Title)
12-3-71

OIL CONSERVATION COMMISSION

APPROVED DEC 9 1971, 19 _____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner,