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.
SF 079085D

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SF079265 a

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

8. FARM OR LEASE NAME
Puerto Chiquito

3. ADDRESS OF OPERATOR
Dr. Sam G Dunn 1912 Main Lubbock Texas

9. WELL NO.
P20 20

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
1990 Sl. 960 El. Sec. 27 T27 R1E
At surface
At top prod. interval reported below
At total depth

10. FIELD AND POOL, OR WILDCAT
Puerto Chiquito

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 27 T 26n R1E

14. PERMIT NO. | DATE ISSUED

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.Mexico

15. DATE SPUDDED: 10 9 65
16. DATE T.D. REACHED: Nov 6 65
17. DATE COMPL. (Ready to prod.): Plugged June 6 21 66
18. ELEVATIONS (DF, RKB, RT, GR, ETC.): 7364 grnd.
19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD: 2900
21. PLUG, BACK T.D., MD & TVD
22. IF MULTIPLE COMPL., HOW MANY*
23. INTERVALS DRILLED BY →
ROTARY TOOLS: 7300
CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
All Dry

25. WAS DIRECTIONAL SURVEY MADE
no

26. TYPE ELECTRIC AND OTHER LOGS RUN
Induction Gamma Ray Log

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
10"	40#	185	12¼	circulated	none
8"	28#	485	10	not cemented	pulled
7"	24#	1650	8¼	not cemented	pulled
5½"	15.50	2715	6¼	not cemented	pulled

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)
no

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

RECEIVED
DEC 2 1966
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
no						plugged	

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

RECEIVED
DEC 30 1966
OIL CON. COM.
DIST. 3

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

TEST WITNESSED BY

35. LIST OF ATTACHMENTS
G E Clark

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

SIGNED ____________ TITLE ____________ DATE ____________

*(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.

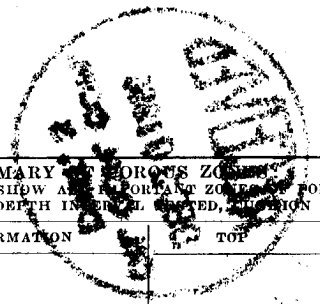
Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

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.)



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

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