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.

5. LEASE DESIGNATION AND SERIAL NO.: NM-36482

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Squyres-Federal

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Squyres Devonian

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec 10, T7S, R32E

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

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: DORCHESTER EXPLORATION, INC.

3. ADDRESS OF OPERATOR: P. O. BOX 4391, Houston, Texas 77210

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 990 FEL & 660 FSL SE SE UNIT P
At top prod. interval reported below
At total depth: Same

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
	4-3-84	Roosevelt	NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
4-13-84	5-22-84		4463.3GL	

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
9376 MD			→	9376-0	

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

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN: CNL-DENS, DUALGUARD-FORXO, SONIC, DIPMETER

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
13 3/8	54.50	310	17½	390 sxs	None
8 5/8	32.0	3371	11	1340 sxs	None

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*)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

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

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

ACCEPTED FOR RECORD
PETER W. CHESTER
JUN 13 1984

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

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

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

SIGNED R. J. SMITH TITLE DRILLING DEPARTMENT DATE 6-7-84

*(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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
OGALLALA	SURF	1913	Sand/Shale
SALT	1913	2245	Salt/Andydrite
YATES	2245	2335	Sand/Shale/Anhydrite
QUEEN	2335	3340	Dolomite/Anhydrite/Shale
SAN ANDRES	3340	4623	Dolomite/Limest./Anhydrite/Shale
GLORIETA	4623	6170	Dolomite/Limest./Anhydrite/Shale/Sand
CLEARFORK	6170	6920	Limest/Dolomite/Shale/Sand/Anhydrite
AGO	6920	7615	Red Shale
Wolfcamp	7615	8140	Dolomite/Limest./Shale
PEN	8140	8888	Dolomite/Limest/Shale/Sand
MISSISSIPPIAN	8888	8948	Limest./Chert/Shale
WOODFORD	8948	9257	Shale/Sand/Chert/Limest.
DEVONIAN	9257	9376	Limestone/Dolomite/Chert
DST #1	9219	9376	No Cushion, IF, 30 min, 245-367, ISI, 60 min, 391, FF, 60 min, 245-269, FSI, 120 min, 318. DP Recovery-386' Gas Cut Mud, Sampler Recovery-.9 CU FEET GAS 600 CC Mud, 180 PSIG at Surface
DST # 2	9150	9200	No Cushion, IF, 30 min, 97 w/no increase, ISI, 30 min, 193, FF, 60 min, 97 w/ no increase, FSI, 60 min, 169. DP Recovery, 95' Gas Cut Mud, Sampler Recovery-.0086 CU FEET GAS, 2350 CC Mud, 50 PSIG at Surface

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
YATES	2245	
SAN ANDRES	3340	
TT MARKER	3846	
GLORIETA	4623	
CLEARFORK	6170	
AGO	6920	
WOLFCAMP	7615	
THREE BROTHERS	8040	
BOUGH "C"	8376	
MISSISSIPPIAN	8888	
WOODFORD	8948	
DEVONIAN	9257	

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-633636
837-497
871-233