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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-10130

1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>	8. Farm or Lease Name Londo-State
2. Name of Operator CAYMAN CORPORATION	9. Well No. 2
3. Address of Operator 610 SECURITY NATIONAL BANK BLDG. ROSWELL, NEW MEXICO	10. Field and Pool, or Wildcat Chaveroo-San Andres
4. Location of Well UNIT LETTER L LOCATED 660 FEET FROM THE West LINE AND 1280 FEET FROM	12. County Roosevelt
THE North LINE OF SEC. 31 TWP. & 7S RGE. 33E NMPM	

15. Date Spudded 11-15-67	16. Date T.D. Reached 11-28	17. Date Compl. (Ready to Prod.) 12-19-67	18. Elevations (DF, RKB, RT, GR, etc.) 4459.1 G.L.	19. Elev. Casinghead 4459.1
20. Total Depth 4325	21. Plug Back T.D. 4324	22. If Multiple Compl., How Many	23. Intervals Drilled By Rotary Tools 4-4325	Cable Tools
24. Producing Interval(s), of this completion — Top, Bottom, Name 4196-4269 San Andres				25. Was Directional Survey Made Yes
26. Type Electric and Other Logs Run Neutron Sidewall Porosity, Laterolog, Microlaterolog				27. Was Well Cored NO

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
6-5/8	22	374	12-1/4	250	
4-1/2	18.1	4325	7-7/8	350	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8	4196	-

31. Perforation Record (Interval, size and number) 4196, 4212, 4214, 4222, 4224, 4251, 4269 2 shots/ft. 14 1/2" holes	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL 4196-4269 AMOUNT AND KIND MATERIAL USED 2000 gals. 15% 4196-4249 40,000 gals. wtr. + 50,000 420/40
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33. PRODUCTION							
Date First Production 12-15-67	Production Method (Flowing, gas lift, pumping — Size and type pump) Flowing					Well Status (Prod. or Shut-in) Producing	
Date of Test 12-19-67	Hours Tested 24	Choke Size -	Prod'n. For Test Period 60	Oil — Bbl. 120	Gas — MCF 30	Water — Bbl. 200	Gas — Oil Ratio 15.6
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate 60	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.) 25.6	

34. Disposition of Gas (Sold, used for fuel, vented, etc.) Vented	Test Witnessed By L.S. McCoy
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35. List of Attachments 1 Set Logs
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36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.		
SIGNED L.S. McCoy	TITLE Agent	DATE 1-13-68

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy <u>1900</u>	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt <u>2200</u>	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <u>2312</u>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres <u>3474</u>	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinbry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1900	1900	Red section of				
1900	2200	300	Salt/Anhy				
2200	2312	112	Anhydrite				
2312	2410	98	Sand				
2410	2500	90	Caliche/Anhydrite				
2500	3474	974	Sand, Caliche, Anhy.				
3474	4223	749	Caliche				

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	GAS	
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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
CAYMAN CORPORATION

Address
P.O. BOX 1882 ROSWELL, N.M. 88201

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cando-State	Well No. 2	Pool Name, Including Formation Chavezco-san Andres	Kind of Lease State, Federal or Fee State	Lease No. 2-10150
Location				
Unit Letter E ; 600 Feet From The West Line and 1000 Feet From The North				
Line of Section 31 Township 7-S Range 33-W , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Tite Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 3	Sec. 31	Twp. 7S	Rge. 33W	Is gas actually connected? No	When

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 OIL WELL (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)

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.

W.B. McCray
(Signature)
Engineer
(Title)
January 19, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.