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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 Fee

5. State Oil & Gas Lease No.
09 1287

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

2. Name of Operator
Cactus Drilling Corporation of Texas

7. Unit Agreement Name

8. Farm or Lease Name
Kewanee State

3. Address of Operator
P. O. Box 2060, Hobbs, New Mexico 88240

9. Well No.
#3

10. Field and Pool or Wildcat
Darek San Andres Gas Pool

4. Location of Well
UNIT LETTER **E** LOCATED **1980** FEET FROM THE **North** LINE AND **660** FEET FROM
THE **West** LINE OF SEC. **9** TWP. **7** RGE. **35** NMPM

12. County
Roosevelt

15. Date Spudded **11-26-71** 16. Date T.D. Reached **12-6-71** 17. Date Compl. (Ready to Prod.) _____ 18. Elevations (DF, RKB, RT, GR, etc.) **4240 G. L.** 19. Elev. Casinghead _____

20. Total Depth **4368** 21. Plug Back T.D. **4290** 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By
Rotary Tools **4290** Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name _____ 25. Was Directional Survey Made _____

26. Type Electric and Other Logs Run
Dual Laterolog-microlaterolog-Sonic Log-Gamma Ray

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
10 3/4	32	381	15"	400 Sacks	
4 1/2	10.50	4368	7 7/8"	300 Sacks	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
4226, 4230, 4237, 4242, 4248, 4253, 2 S.P.F. (Squeeze), 4178, 4179, 4181, 4183, 4185, 4186, 4196, 4198, 4202, 4204, 4206 (2 S.P.F. - Squeeze), 4176, 4178, 4180, 4182, 4184, 4186, 2 Shots Per Foot

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4226-4253	1000 Gals. 15% Hec.
4178-4206	1000 Gals. 15% Hec.
4176-4186	1000 Gals. 15% R.
4176-4186	5000 Gals. 15% R.

33. PRODUCTION

Date First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) _____ Well Status (Prod. 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.) _____

34. Disposition of Gas (Sold, used for fuel, vented, etc.) _____ Test Witnessed By _____

35. List of Attachments _____

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 **Geo. W. Baker** TITLE **Vice President** DATE **6-14-72**

