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LAND OFFICE	
OPERATOR	

Form C-105
Revised 11-1-82

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.

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

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

7. Unit Agreement Name

8. Farm or Lease Name
Cain

9. Well No.
1

10. Field and Pool, or Wildcat
Wildcat (San Andres)

2. Name of Operator
Maralo, Inc.

3. Address of Operator
P. O. Box 832, Midland, Texas 79702 0832

4. Location of Well

UNIT LETTER **I** LOCATED **1980** FEET FROM THE **South** LINE AND **467** FEET FROM

THE **East** LINE OF SEC. **12** TWP. **19 S** RGE. **38 E** NMPM

11. County
Lea

15. Date Spudded **2-11-83** 16. Date T.D. Reached **2-21-83** 17. Date Compl. (Ready to Prod.) **4-19-83** 18. Elevations (DF, RKB, RT, GR, etc.) **3609.1 GL** 19. Elev. Casinghead **3629.1**

20. Total Depth **4409** 21. Plug Back T.D. **-** 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By: Rotary Tools **0-4409** Cable Tools **-**

24. Producing Interval(s), of this completion - Top, Bottom, Name
4389 - 4089' San Andres

25. Was Directional Survey Made **Yes**

26. Type Electric and Other Logs Run
Density-Neutron Log TD-2400'; Dual Laterolog (TD-2400')

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
8 5/8"	24#	1770'	11"	800 sx HL + 200sx CL - C	
5 1/2"	14#	4409'	7 7/8"	400 sx CL - H	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8"	4370'	4340'

31. Perforation Record (Interval, size and number)
4383 - 4389 (12 holes)

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
4383-4389	1000 gals 15% NEA

33. PRODUCTION

Date First Production **2-27-83** Production Method (*Flowing, gas lift, pumping - Size and type pump*) **2" x 1 1/2" x 14' bottom hold down pump** Well Status (*Prod. or Shut-in*) **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 _____

35. List of Attachments
C-104; logs; Inclination Report; C-103

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 Brenda Coffman TITLE Agent DATE 7-26-83

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 duplicate except on state land, where six copies are required. See Rule 1125.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE.

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <u>2930'</u>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers <u>3152'</u>	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen <u>3415'</u>	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres <u>4359</u>	T. Simpson _____	T. Gallup _____	T. Ignacio Qizte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	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. _____

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....	No. 4, from.....to.....
No. 2, from.....to.....	No. 5, from.....to.....
No. 3, from.....to.....	No. 6, from.....to.....

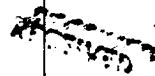
IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....	feet.
No. 2, from.....to.....	feet.
No. 3, from.....to.....	feet.
No. 4, from.....to.....	feet.

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	298	298	sand, rock & redbed				
298	1671	1373	Redbed				
1373	1770	99	Anhydrite				
1770	2800	1030	Salt & Anhydrite				
2800	3540	740	Anhydrite				
3540	4036	596	"				
4036	4300	264	Lime & Dolomite				
4300	4358	58	Lime & Shale				
4358	4399	41	Dolomite & Lime				
4399	4409	10	Dolomite & Lime				


JUL 27 1989
 P.C.D.
 HOBBS OFFICE

INCLINATION REPORT

OPERATOR MARALO INC. ADDRESS P.O. BOX 832, MIDLAND, TEXAS 79702

LEASE NAME CAIN WELL NO. 1 FIELD _____

LOCATION _____

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
495	$\frac{1}{4}$	2.1780	2.1780
990	$\frac{1}{4}$	2.1780	4.3560
1330	$\frac{1}{4}$	1.4960	5.8520
1770	$\frac{3}{4}$	5.7640	11.6160
2300	$\frac{3}{4}$	6.9430	18.5590
2800	$\frac{3}{4}$	6.5500	25.1090
3300	1	8.7500	33.8590
3800	1	8.7500	42.6090
4322	1	9.1350	51.7440
4365	1	.7525	52.4965
4409	1	.7700	53.2665

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Debbie Clark

TITLE DEBBIE CLARK, OFFICE MANAGER

AFFIDAVIT:

Before me, the undersigned authority, appeared DEBBIE CLARK known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Debbie Clark

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 23RD day of FEBRUARY, 1983



Notary Public in and for the County
of _____ State of New Mexico