

Submit To Appropriate District Office Two Copies District I 1625 N French Dr., Hobbs, NM 88240 District II 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S St Francis Dr., Santa Fe, NM 87505		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>				<b>Form C-105</b> July 17, 2008					
		<div style="position: relative; width: 100px; height: 100px; margin: 0 auto;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: black; color: white; text-align: center; font-size: 2em; font-weight: bold; line-height: 1;">             RECEIVED              NOV 16 2009              HOBBSD           </div> </div>									
		1. WELL API NO.				30-005-10588					
		2 Type of Lease				<input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN					
		3 State Oil & Gas Lease No									
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>											
4 Reason for filing						5 Lease Name or Unit Agreement Name					
<input type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)						Cato San Andres Unit					
<input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33, attach this and the plat to the C-144 closure report in accordance with 19 15 17 13 K NMAC)						6 Well Number					
						85					
7 Type of Completion											
<input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input checked="" type="checkbox"/> OTHER <b>Convert to Injector</b>											
8 Name of Operator						9 OGRID					
Cano Petro of New Mexico, Inc.						248802					
10 Address of Operator						11 Pool name or Wildcat					
801 Cheery Str. Unit 25 Suite 32 FT.Worth TX 76102						Cato; San Andres					
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	
Surface:	G	14	08S	30E		1980	NORTH	1980	EAST	CHAVES	
BH:											
13 Date Spudded	14 Date T D Reached	15 Date Rig Released		16 Date Completed (Ready to Produce)		17 Elevations (DF and RKB, RT, GR, etc )					
12/29/66	1/04/67	1/08/66				4119 RDB					
18 Total Measured Depth of Well		19 Plug Back Measured Depth		20 Was Directional Survey Made?		21 Type Electric and Other Logs Run					
3545'		4545'									
22 Producing Interval(s), of this completion - Top, Bottom, Name											
<b>23 CASING RECORD (Report all strings set in well)</b>											
CASING SIZE		WEIGHT LB /FT		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
8-5/8"		24#		456'		12-1/4"		300sx			
4-1/2"		9.3#		3545'		7-7/8"		800sx			
<b>24 LINER RECORD</b>											
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		<b>25 TUBING RECORD</b>					
3-1/2	surface	3545'				SIZE	DEPTH SET	PACKER SET			
						2-1/16"	3477'	3477'			
26 Perforation record (interval, size, and number)										27 ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
San Andres: 3553-3601'										DEPTH INTERVAL	
										AMOUNT AND KIND MATERIAL USED	
										3553-3601'	
										6,000 gal 28% HCL	
<b>28 PRODUCTION</b>											
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod or Shut-in)					
						Injecting					
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 )				
29 Disposition of Gas (Sold, used for fuel, vented, etc )								30 Test Witnessed By			
31 List Attachments											
32 If a temporary pit was used at the well, attach a plat with the location of the temporary pit											
33 If an on-site burial was used at the well, report the exact location of the on-site burial											
Latitude				Longitude				NAD 1927 1983			
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											
Signature <i>Joshua Chavez</i>			Printed Name		Cindy Chavez		Title		Regulatory Coordinator Date 11/03/09		
E-mail Address											

*[Signature]*