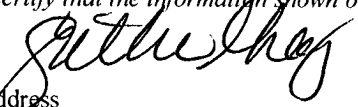


Submit To Appropriate District Office Two Copies District I 1625 N French Dr., Hobbs, NM 88240 District II 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87414 District IV 1220 S St Francis Dr., Santa Fe, NM 87505		<b>RECEIVED</b> <b>NOV 23 2009</b> <b>HOBBS</b>		State of New Mexico Energy, Minerals and Natural Resources  Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-105 July 17, 2008				
						1. WELL API NO. <div style="text-align: right;">30-10502</div>				
						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  <input type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <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)						5. Lease Name or Unit Agreement Name <div style="text-align: center;">Cato San Andres Unit</div>				
						6. Well Number <div style="text-align: right;">57</div>				
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 <u>Convert to Injector</u>										
8. Name of Operator <div style="text-align: center;">Cano Petro of New Mexico, Inc.</div>						9. OGRID <div style="text-align: right;">248802</div>				
10. Address of Operator <div style="text-align: center;">801 Cheery Str. Unit 25 Suite 32 FT.Worth TX 76102</div>						11. Pool name or Wildcat <div style="text-align: center;">Cato; San Andres</div>				
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	P	10	08S	30E		660	S	660	E	CHAVES
BH:										
13. Date Spudded <div style="text-align: center;">11/15/66</div>		14. Date T D Reached		15. Date Rig Released		16. Date Completed (Ready to Produce) <div style="text-align: center;">12/01/66</div>		17. Elevations (DF and RKB, RT, GR, etc.)		
18. Total Measured Depth of Well <div style="text-align: center;">3560'</div>			19. Plug Back Measured Depth			20. Was Directional Survey Made?		21. Type Electric and Other Logs Run		
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#		460'		12 - 1/4 "		300sx		
4 - 1/2 "		9.5#		3560'		7 - 7/8 "		800sx		
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		<b>25. TUBING RECORD</b>				
3 - 1/2	surface	3560'				SIZE	DEPTH SET	PACKER SET		
						2 - 1/16"	3315'	yes		
26. Perforation record (interval, size, and number) <div style="text-align: center;">San Andres: 3395-3439', 3467-3484'</div>						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.				
						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED		
						3395-3484'		4,000 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) <div style="text-align: center;">Injecting</div>				
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 			Printed Name Cindy Chavez		Title Regulatory Coordinator			Date 8/20/09		
E-mail Address _____										