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

Form O-105
Revised 1-1-65

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	

1. TYPE OF WELL	
OIL WELL ☐	GAS WELL ☐ DRY ☒ OTHER _____
2. 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

3. Name of Operator	
Hanson Oil Company	
4. Address of Operator	
P. O. Box 1515, Roswell, New Mexico 88201	
5. Location of Well	

NIT LETTER N	LOCATED 990	FEET FROM THE South	LINE AND 2310	FEET FROM
THE West	LINE OF SEC. 30	TWP. 18-S	RGE. 39-E	NMMPM

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
1-15-70	2-6-70	2-20-70	3603' DF	3601'
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	24. Cable Tools
320'			Rotary Tools	0 - 320'

4. Producing Interval(s), of this completion - Top, Bottom, Name		25. Was Directional Survey Made
None		No
6. Type Electric and Other Logs Run		27. Was Well Cored
None		No

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
None					

LINER RECORD					TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type 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.)	

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

15. List of Attachments
None

16. 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 <u><i>Harry F. Schram</i></u>	TITLE Exec. Vice President	DATE 2-21-70
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INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 10 days after the completion of any newly-drilled or deepened well. It shall be accompanied by a copy of all electrical and radioactivity logs and, if the well is cased, a summary of all special tests conducted, including ball stem tests. A log is reported shall be measured depths. In the case of geologically bedded wells, true vertical depths shall also be reported. For multiple completions, Items 3b through 3d shall be reported for each zone. The form shall be filed in quintuplicate except as stated in d, where six copies are required, see Rule 110.5.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

I. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	Penn. "B" _____
I. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	Penn. "D" _____
I. Yates _____	T. Miss _____	T. Cliff House _____	Leadville _____
I. T. Rivers _____	T. Devonian _____	T. Menefee _____	Madison _____
T. Queen _____	T. Silurian _____	T. Point Lockout _____	Elbert _____
I. Grayburg _____	T. Montoya _____	T. Mancos _____	McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	Ignacio Qtzite _____
T. Coalinga _____	T. McKee _____	Bas. Greenhorn _____	Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	
T. Blinberry _____	T. Gr. Wash _____	T. Morrison _____	
I. Tubb _____	T. Granite _____	T. Todilto _____	
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	
I. Abo _____	T. Bone Springs _____	T. Wingate _____	
T. Wolfcamp _____	T. _____	T. Chinle _____	
T. Penn. _____	T. _____	T. Permian _____	
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	320	320	Red beds				