

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

30-025-31923

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

NA

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☒

b. Type of Well:

OIL

WELL ☒

GAS

WELL ☐

OTHER ☐

SINGLE

ZONE ☐

MULTIPLE

ZONE ☐

2. Name of Operator

GECKO, Inc.

3. Address of Operator

310 W. Wall, Suite 702-LB106 Midland, Tx. 79701

8. Well No.

1

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter E : 991 Feet From The WEST Line and 1996 Feet From The NORTH Line

Section

3

Township

15S

Range

35E

NMPM

LEA

County

10. Proposed Depth

10,600' KB

11. Formation

Wolfcamp

12. Rotary or C.T.

Workover

13. Elevations (Show whether DF, RT, GR, etc.)

4000' GL

14. Kind & Status Plug. Bond

Single Well

15. Drilling Contractor

TMBR/SHARP

16. Approx. Date Work will start

12/3 /93

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	42 #	440'	475	Circ
11"	8-5/8"	32.24 #	4700'	750	2170
7-7/8"	5-1/2"	17.15.5 #	12,448'	1800	4700

9-1-93 Upper / Lower Penn not productive.

1. Dump 15' CMT. on top of CMT plug at 11,886' (CIBP). Previously dumped 20'.
2. Set CIBP at 10,900'. Dump 35' CMT on top of CIBP.
3. Perf Wolfcamp from 10,572-574'.
4. Acidize and TEST for commercial production.

Approval for workover ONLY--cannot produce from Wolfcamp until Non-Standard Location is approved.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Steve L. Thomson

TITLE PRESIDENT

DATE 11/22/93

TYPE OR PRINT NAME STEVE L. THOMSON

915
TELEPHONE NO. 686-0121

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE DEC 29 1993

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval.
Date Unless Drilling Underway.

Workover