Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206

WELL API NO.

P.O. Box 1980, Hobbs, NM 88240		Old Santa Fe Trail, Room 206		30-025-33160		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87503		xico 87503	5. Indicate Type of Lease STATE FEE X			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga			
CUNDRY NOTICE	ES AND DEPORTS ON WI	FIIS				
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name			
	DIR. USE "APPLICATION FOR P 1) FOR SUCH PROPOSALS.)	PERMIT"	05040	OUE 1 3		
1. Type of Well:			GECKO L	OWE et. al.		
WELL X WELL	OTHER		8. Well No.			
2. Name of Operator GECKO				- Y		
3. Address of Operator		70701	9. Pool name or V			
310 W. Wall, Suite 7	02, 2B 106 MIDLAND,	TEXAS 79701		WILDCAT		
Unit Letter <u>C</u> : 984	Feet From The NORTH	Line and23	06 Feet From	The WEST	Line	
	100	275	an em e	E A.	County	
Section 35	Township 13S  10. Elevation (Show whether)	Range 37E her DF, RKB, RT, GR, etc.)	NMPM L	.EA <b>V////////</b> //	County	
		' GL		<u> </u>		
_ ·	propriate Box to Indicate					
NOTICE OF INTE	NTION TO:	SUE	SEQUENT R	EPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	ONMENT 🗌	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB			
		OTHER:				
OTHER:					ed.	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	is (Clearly state all pertinent detail	s, and give pertinent dates, inc	iuding estimated adte	of starting any propos	eu	
1. Cut 8 5/8" casing at 16	00' KB.					
<ol> <li>Set 100' stub plug ( 50 Plug calculated to be 6</li> </ol>	into and 50 out sxs of cement.	of 8 5/8" cas Will tag plug.	ing stub).			
3. Set 100' plug ( 50' int 496' KB. Plug calculate		at 13 3/8" casir	g shoe 0			
4. Set 10 sxs Surface plug	í <b>-</b>					
5. Weld on DH marker.						
VERBAL APPRO	OVAL FROM PAUL KAUTZ	7				
I hereby certify that the information above is true and	complete to the best of my knowledge an	d belief.				
SIGNATURE Sie	motor	mLE PRESIDENT		DATE3/4/	97	
TYPE OR PRINT NAME STEVE L	. THOMSON		TELEPHONE NO.	(915) 686 <b>-</b> 01	21	
(This space for State Use)	100 to 100M			MAR 1	7 1997	
APPROVED BY		TITLE				
CONDITIONS OF APPROVAL, IF ANY:						