

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-32293	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Gecko 35 State	✓
8. Well Number 1	
9. OGRID Number 270358	
10. Pool name or Wildcat	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3762' GL	

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other-Injection **HOBBS OCD**

2. Name of Operator
Lawson Operating LLC **JUL 11 2014**

3. Address of Operator
P O Box 52667, Midland, TX 79710 **RECEIVED**

4. Well Location
 Unit Letter **B** : 434 feet from the **north** line and 1762 feet from the east line
 Section **35** Township **16S** Range **37E** NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: X-5 year MIT Test	

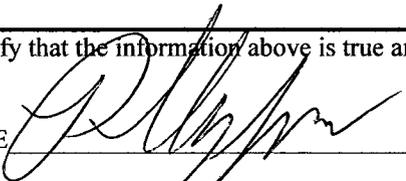
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7-9-14 Perform MP and MB test as per NMOCD Rule 19.15.26.10. Chart and report attached.

Spud Date: 7-9-14

Rig Release Date: 7-9-14

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

SIGNATURE  TITLE Manager DATE July 10, 2014

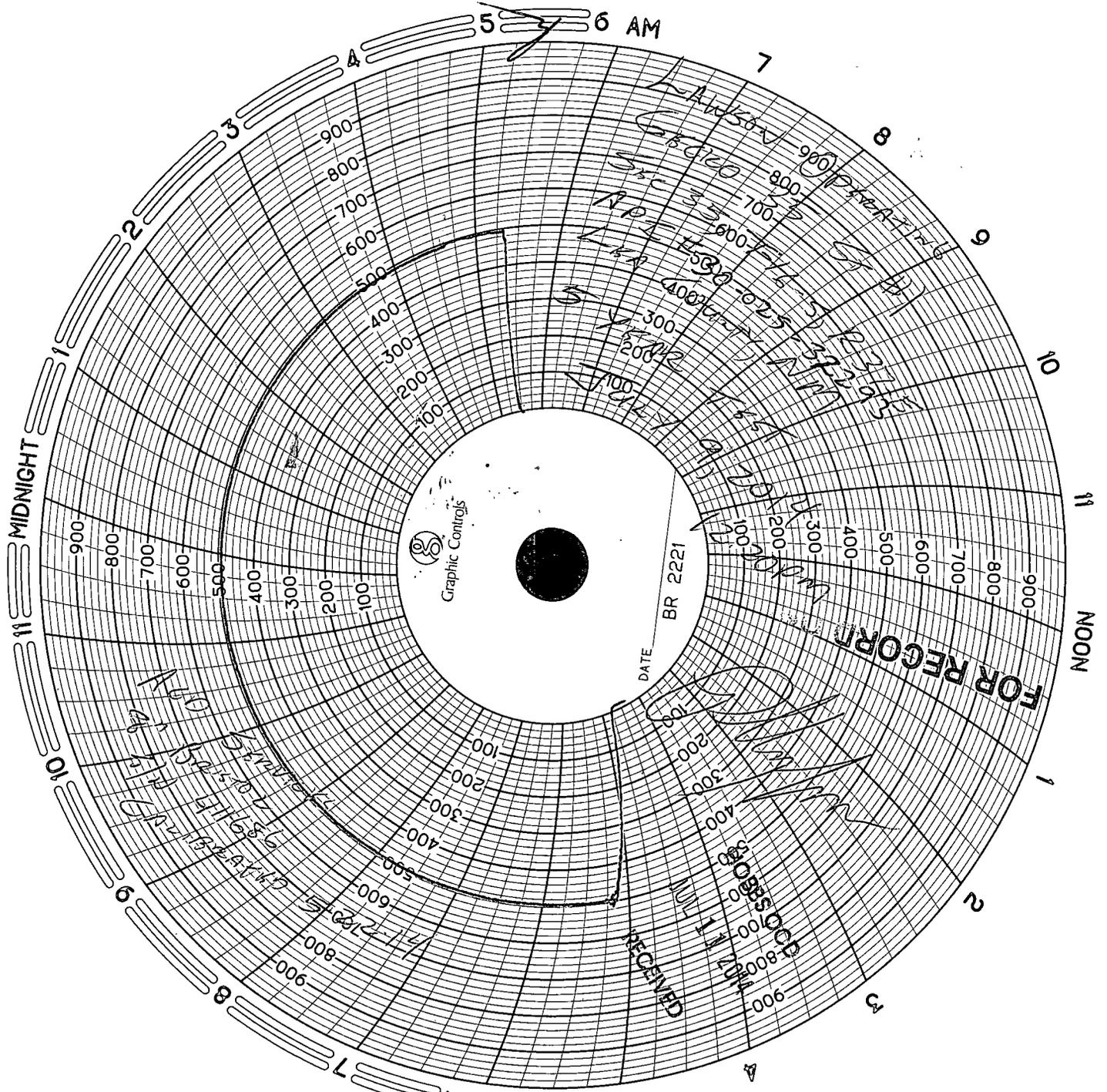
Type or print name Phillip L Lawson E-mail address: pllawson@aol.com PHONE: 432-556-0797

For State Use Only

APPROVED BY:  TITLE Staff Manager DATE 7/18/2014
 Conditions of Approval (if any):

FOR RECORD ONLY





Graphic Controls

DATE BR 2221

FOR RECORD

RECEIVED

11 MIDNIGHT

11 NOON