Submit 3 Copies to Appropriate
District Office

State of New Mexico Liergy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

Clean location.

Well P&A 08/23/95

DISTRICT II

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206 Santa Fe. New Mexico 87503

WELL API NO. 30-025-05090

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. N/A
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL CHEEN OTHER	GECKO Lowe et. al.
2. Name of Operator GECKO, Inc.	8. Well No.
3. Address of Operator 310 W. Wall, Suite 702- LB106, Midland, TX 79701	9. Pool name or Wildcat Wildcat
4. Well Location Unit Letter C: 815 Feet From The North Line and	2307 Feet From The West Line
Section 35 Township 13S Range 37E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, et	(c.)
11. Check Appropriate Box to Indicate Nature of Notice	e, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII	LLING OPNS. \Box PLUG AND ABANDONMENT $\overline{\mathbb{X}}$
PULL OR ALTER CASING CASING TEST AN	ID CEMENT JOB
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date work) SEE RULE 1103.	s, including estimated date of starting any proposed
1. RIH with tubing. Spot 259 sx Class -C- cement a	t 586'. SDFN.
2. RIH. Tagged plug at 248'. PLUG $\#1$ 586248' (25	9 sx).
3. Spot 20 sx. Class -C- cement from 20' to surface to surface (20 sx).	. PLUG #2 20'
4. Cut off wellhead. Install dry hole marker. Bac	k fill pits.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE ___09--05--95 President SIGNATURE Steve L. Thomson TELEPHONE NO. TYPE OR PRINT NAME (This space for State Use) - DATE -CONDITIONS OF AFFROVAL, IF ANY: