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

WELL API NO.

DATE -

310 Old Santa Fe Trail, Ro	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico S	5. Indicate Type of Lease
DISTRICT III	STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR F DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT	
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL GAS	GECKO Lowe et al
WELL X WELL OTHER 2. Name of Operator	8. Well No.
GECKO, Inc.	1 1
3. Address of Operator	9. Pool name or Wildcat
310 W. Wall, Suite 702, LB 106, Midland, TX	79701 Wildcat
Unit Letter C: 815 Feet From The North	Line and 2307 Feet From The West Line
25 12 0	27 -
Section 35 Township 13 S Range 10. Elevation (Show whether DF,	37 E NMPM I.ea County
\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
11. Check Appropriate Box to Indicate Natu	_
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON RE	MEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS C	MMENCE DRILLING OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING CA	SING TEST AND CEMENT JOB
OTHER: OT	HER: Re-entry X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and go	we pertinent dates, including estimated date of starting any proposed
work) SEE RULE 1103.	
1.) Cleared location. Found old wellhead. Dug out and set cellar.	
2.) Nippled up blow out preventor	
3.) Cleaned out well to 550' (top of old 8 5/8" casing stub). 4.) RU to run 8 5/8" casing. Could not tie back to surface.	
5.) Pulled new 8 5/8" casing out of hole. Rigged	
×	
Suspended Operations 08/04/95.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	President 08/25/95
SIGNATURE Store TITLE _	President DATE 08/25/95
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	President pate 08/25/95 TELEPHONE NO. (915) 686-0121
SHOWER Store I Thomson	

TITLE -

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY: