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 Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410		WELL API NO.	
		30-025-33160	
		5. Indicate Type of Leas	STATE FEE S
		6. State Oil & Gas Lease	
SUNDRY NOTICES AND REPORTS ON V	VELLS		
(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.)		7. Lease Name or Unit Agreement Name	
1. Type of Well:		GEOGRA I	n+ n1
WELL X WELL OTHER		CECKO Lowe	et al
2. Name of Operator GECKO		8. Well No. 1-Y	
3. Address of Operator	G0G01	9. Pool name or Wildcat	
310 W. Wall, Suite 702, LB-106, Midland, 4. Well Location	TX 79701	Wildcat	
Unit Letter <u>C</u> : 984 Feet From The North	Line and23	Feet From The	West Line
Section 35 Township 13S	Range 37E	NMPM Lea	County
10. Elevation (Show wh	ether DF, RKB, RT, GR, etc.)	///	
3,854' 0			<u>/////////////////////////////////////</u>
Check Appropriate Box to Indication NOTICE OF INTENTION TO:		SEQUENT REPO	
NOTICE OF INTENTION TO.	-		Γ
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK		RING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	OPNS PLUG	AND ABANDONMENT X
PULL OR ALTER CASING	CASING TEST AND CE	MENTJOB 5h	Lti
OTHER:	OTHER: DOMES	rarily Aba ndonm	ent
12. Describe Proposed or Completed Operations (Clearly state all pertinent detawork) SEE RULE 1103.	ills, and give pertinent dates, incl	uding estimated date of star	ting any proposed
1.) Drilled 7 7/8" hole to 11,436'			
2.) DST Strawn from 11,325' to 11,436'.			
	rss/cal/Gr.		
		xs. Class -H-	
5.) Set plugs as follows: #1 11,665' - #2 9.410' -	9,150' 260' 100 s	xs. Class -H- w	7/ 0.1% CFR3
#3 7,400' -	7,300' 100' 35 s	xs. Class -H-	
#4 4,950' -	4,850' 100' 50 s	xs. Class -H- xs. Class -H-	
, , , , , , , , , , , , , , , , , , ,	2,085' 100' 50 s	AS. CIASS II	
6.) Suspended operations.			
I hereby certify that the information above is true and complete to the best of my knowledge a	nd belief.		
SIGNATURE Steve V. Homen	mr President	D	ATE 03/25/96
TYPE OR PRINT NAME Steve L. Thomson		TELEPHONE NO. (915	5) 686-0121
(This space for State Use)			1445 0 4
(1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			MAR 04 1997
APPROVED BY	TITLE	D	ATE
CONDITIONS OF AFPROVAL, IF ACCY:			

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A Comment