State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IP ANY:

Revised 1-1-89

DISTRICT	OIL CONSERVATIO	N DIAISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexi∞ 87503		30-025-30197
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	xx 87303	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. N/A
STINIDBY NO.	TICES AND REPORTS ON WELL	S	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
	C-101) FOR SUCH PROPOSALS.)		GECKO Medlin
1. Type of Well: OIL GAS WELL X WELL	OTHER		
2. Name of Operator			8. Well No.
GECKO, Inc.			9. Pool name or Wildcat
3. Address of Operator	. 702-LB106 Midland	. Texas 79701	
4 314 41 V			
Unit Letter E :19	80 Feet From The North	Line and	Feet From The Line
Section 14	Township 16S Ran	nge 37E	NMPM Lea County
	10. Elevation (Show whether		<i>\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
		85' GL	VIIIIIIIIIIII
	Appropriate Box to Indicate N	Nature of Notice, R	eport, or Other Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	رسا
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER:	
12. Describe Proposed or Completed Op- work) SEE RULE 1103.	erations (Clearly state all pertinent details, a	and give pertinent dates, inc	luding estimated date of starting any proposed
	nd clean out to 11,4	03' KB.	
Tested Wolfcamp	10 044	9944 40sx	S
P & A well as f	0110WS: 10,044 9587 -	8487 40sx	S
	8029 -	7929 60sx	5
	6634 -		
	5146		S
	4464 -		5
	465 -		s , do Dra L
	62 ' -	- 0 10sx	s A . Joo - FO A / 10
		1	Jan 200
Cott off wellhe	ad. P & A 10/31/94	<u>t</u>	to 10 1-5-7
			s s Diane to Diane to rel citi
I hereby certify that the infogration above is tr	ue and complete to the best of my knowledge and be	lief.	•
SKINATURE Steve of	Thomas II	President	DATE 01/09/95
TYPEOR PRINT NAME Steve L.	Thomson) TELEPHONE NO. (915) 686-0121
(This space for State Use))		
	<i>)</i>		S INSPECTOR JUN 30 1395
APPROVED BY MARKIE &	Arm II	M.E.	21111