

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator GECKO, INC		Well API No. 30-025-31923
Address 310 W.Wall STE 702-LB106, Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name CRESCENT 3	Well No. 1	Pool Name, Including Formation WILDCAT Penn	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No. N.A.
Location Unit Letter E : 991 Feet From The West Line and 1996 Feet From The North Line Section 3 Township 15 S Range 35 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline ICT	Address (Give address to which approved copy of this form is to be sent) 502 N. West Ave, Levelland, Tx 79336-3914					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> J.L. Davis-Denton Gas Plant	Address (Give address to which approved copy of this form is to be sent) 211 N. Colorado, Midland Tx 79701					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 3	Twp. 15S	Rge. 35E	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-19-93	Date Compl. Ready to Prod. 8-12-93		Total Depth 12448		P.B.T.D. 11280			
Elevations (DF, RKB, RT, GR, etc.) 4000' GL	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 10946		Tubing Depth 11051			
Perforations 10947 -10969					Depth Casing Shoe 12488'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		440'		475			
11"	8-5/8"		4700'		750			
7-7/8"	5-1/2"		12448'		1800			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 8-13-93	Date of Test 8-15-93	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 24	Water - Bbls. 56	Gas- MCF 54

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

Signature Steve L. Thomson  
Printed Name Steve L. Thomson Title Operations Manager  
Date 9-15-93 Telephone No. 915-686-0121

OIL CONSERVATION DIVISION

Date Approved OCT 08 1993

By Paul Kautz Orig. Signed by  
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.