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

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

WELL API NO. 30-025-31923

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. NA

SUNDRY NOTICES AND REPORTS ON WELLS

(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: CRESECENT 3

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: GECKO, INC

8. Well No. 1

3. Address of Operator: 310 W WALL STE 702-LB106

9. Pool name or Wildcat: WILDCAT

4. Well 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

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4000' GL

11. Check Appropriate Box to Indicate Nature of Notice, 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 DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

7-29-93 Set 5-1/2" RBP @ 11300 (Lower Penn Perfs 11866'-11886'). Dumped 20' CMT on top. Perf Upper Penn @ 10947'-10969'.
8-1-93 Acidized perfs W/6000 Gal 20% HCL acid, & Started swabbing.
8-9-93 thru 8-12-93 Set pumping unit, ran TBG, RODS, & Pump. Started Well pumping.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Steve Thomson TITLE Operations Manager DATE 9/15/93

TYPE OR PRINT NAME Steve L. Thomson TELEPHONE NO. 915-686-01

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE OCT 08 1993

CONDITIONS OF APPROVAL, IF ANY: