

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 <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Crescent -3-
8. Well No. 1
9. Pool name or Wildcat Wildcat
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4000' GL

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Geoscience Exploration CKO, Inc. dba GECKO, Inc.
3. Address of Operator 2121 San Jacinto, Suite 2950 - LB 50 Dallas, Texas 75201	4. Well Location Unit Letter <u>E</u> : <u>991</u> Feet From The <u>West</u> Line and <u>1996</u> Feet From The <u>North</u> Line Section <u>3</u> Township <u>15S</u> Range <u>35E</u> 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

- A. Well spud 9:00 PM 3/19/93.
- B. Set 13-3/8" casing at 440' KB. KB = 13.8' above GL. Ran 3 centralizers at top of 1, 3 and 5th joints. Cemented casing with 475 sxs Class -C- w/ 2% CaCl. Circulated cement to surface. WOC 12 hrs.
- C. Set 8-5/8" 32, 28, and 24# S-80, J-55 ST&C at 4700' KB. Ran 10 centralizers at top of 2, 4, 6, 8, 10, 12, 14, 16, 18 and 20th joints. Cemented w/550 sxs Class -C- Lite w/ 1#/sx gilsonite and 6#/sx NaCl followed by 200 sxs Class -C- w/ 1% CaCl. Did not circulate. TOC 2170 by temperature survey.

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

SIGNATURE Steve L. Thomson TITLE Operations Manager DATE 3/31/93
TYPE OR PRINT NAME Steve L. Thomson TELEPHONE NO. (915) 686-0121

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

APR 05 1993