

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. <u><25739></u>		Well API No. 30-025-32293
Address 310 W. Wall, Suite 702-LB106 Midland, Texas 79701		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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 GECKO State -35- <u><13701></u>	Well No. 1	Pool Name, Including Formation Casey (Strawn) <u><10310></u>	Kind of Lease State, Federal or Fee	Lease No. V-4119
Location <u>S/B4</u>				
Unit Letter <u>B</u> : <u>434/1762</u> Feet From The <u>North</u> Line and <u>1762/1761</u> Feet From The <u>East</u> Line				
Section <u>35</u> Township <u>16S</u> Range <u>37E</u> , 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 <u>778 <600747> 2811293</u>	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, Texas 79336					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation <u>917 <600477> 2811294</u>	Address (Give address to which approved copy of this form is to be sent) GPM Corp. 4044 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 35	Twp. 16S	Rge. 37E	Is gas actually connected? Yes	When? 5/1/94

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/26/94	Date Compl. Ready to Prod. 5/1/94		Total Depth 11,800' KB		P.B.T.D. 11,758' KB			
Elevations (DF, RKB, RT, GR, etc.) GL 3762'	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,500'		Tubing Depth 11,565' KB			
Perforations 11,583-640' KB					Depth Casing Shoe 11,800 KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		396		440			
12 1/4-11	8 5/8		4725		1400			
7 7/8	5 1/2		11,800'		1025			
	2 7/8		11,565'					

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 5/2/94	Date of Test 5/3/94	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 500	Casing Pressure 0	Choke Size 17/64
Actual Prod. During Test Yes	Oil - Bbls. 485	Water - Bbls. 52	Gas- MCF 245

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.

Steve L. Thomson
Signature
Steve L. Thomson President
Printed Name
05/06/94 (915) 686-0121
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved May 8 1994

By Paul Kautz Original Signed by

Title Geologist

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.

RECEIVED

MAY 18 1994

**OUR HOUSE
OFFICE**