Submit 3 Copies
to Appropriate
District Office

APPROVED BY ---

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico Energy, manerals and Natural Resources Department

Form C-103 Revised 1-1-89

— date — NOV 2 2 1993

to Appropriate Energy, District Office	, marking and Hadina Acc	TOLICO 2 TPM LININ		Actual 1-1-07	
DISTRICT I OIL	CONSERVATIO		WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			30-025-32293		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 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.)			5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. V-4119		
					////
			7. Lease Name or Unit Agreement Name GECKO STATE -35-		
1. Type of Well: Off. GAS WELL X WELL	OTHER				
2. Name of Operator				8. Well No.	
GECKO, Inc.			9. Pool name or Wildcat		
3. Address of Operator 310 W. Wall, Ste. 702-LB106 Midland, Tx 79701					
310 W. Wall, Ste.	INT-TOING WIGI	anu, 18 /7/01	· casey	· DCLUMII	
= =	From The North	Line and 1	762 Feet From	m The <u>East</u>	Line
			, n. m. (*		
Section 35 Town	nship 165 Rat 7 10. Elevation (Show whether I		NMPM Le	<u>a </u>	
	3762' GL	er translaret med med	· .		
Check Annon	riate Box to Indicate N	lature of Notice, R	eport, or Othe	r Data	
NOTICE OF INTENTION TO:			SSEQUENT REPORT OF:		
NOTICE OF INTERVIOR TO:					
PERFORM REMEDIAL WORK L	UG AND ABANDON L	REMEDIAL WORK		ALTERING CASING	_
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN			· · · · · · · · · · · · · · · · · · ·		
PULL OR ALTER CASING	CASING TEST AND C	ASING TEST AND CEMENT JOB X			
OTHER:		OTHER:			
12. Describe Proposed or Completed Operations (Clear work) SEE RULE 1103.	vrly state all pertinent details, an	d give pertinent dates, inclu	ding estimated date	of starting any proposed	
1. Spud well 5:30	AM MST 11/09/9	3.			
72 sxs to surfa	Cemented with ace.	440 sxs Clas	s -C- cem	ent. Circulate	
3. Drilled to TD a centralizers. O not circulate.	Cemented with 1	400 sxs Clas	s -C- cem	ent. Cement di	2 1
I hereby certify that the information above is true and complete	lete to the best of my knowledge and	belief.			
1 Stranger	m m	PRESTDEN	T	DATE11/19/	93
SIGNATURE CONTINUE CONTINUE TO THOSE				191. TELEPHONE NO. 686	5) 012:
TYPE OR FRENT NAME STEVE L. THOS	TOON				
(This space for State Use) ORIGINAL SIGNED	BY JERRY SEXTON			NOV 9.9	4001

_ TITLE -

DISTRICT | SUPERVISOR