

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

30-025-32580

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

VA-903

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Gecko, Inc.

3. Address of Operator

310 W. Wall, Suite 702-LB106 Midland, TX 79701

4. Well Location

Unit Letter E : 2414 Feet From The North Line and 1109 Feet From The West Line

Section 36

Township 16S

Range 37E

NMPM

Lea

County

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

3751' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

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.

Spud well 9:00 p.m. CT 09/18/94.

Drilled to 452'. ran 13-3/8" casing to 452'. Cemented with 400 sxs Class -C-.

Circulated 56 sxs to pit. WOC 12 hrs. Test csg to 520 psig. OK.

Drilled to 4470'. Set 9-5/8" casing to 4470'. Cemented with 1400 sxs Class -C-.

Circulated 31 sxs to pit. WOC 12 hrs. Test csg to 1000 psig. OK.

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

SIGNATURE Steve L. Thomson TITLE President DATE 10/13/94

TYPE OR PRINT NAME Steve L. Thomson TELEPHONE NO. (915) 686-0121

(This space for State Use) Oil Conservation Division

DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 20 1994