Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
District II	OII CONCEDIVATION DIVIGION		30-005- <del>10533</del> 10553	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE [	K FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & G	as Lease No.
87505				
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:			7. Lease Name or Unit Agreement Name: State "E" 92	
2. Name of Operator			8. Well No.	
Slayton Resources.  3. Address of Operator	nc. JAN 1 6 7004		9. Pool name or Wildcat	
3. Address of Operator	e11, NM 88202-2035 OCD-ARTESIA		Brown	
4. Well Location	211. NM 88202-2033 <b>000</b>		Drown	
Unit Letter E: 990 feet from the W line and 1659 feet from the N line				
				61
Section 26	Township 10S Ra  10. Elevation (Show whether Di	0*		County Chaves
10. Elevation (Snow whether DR, RRB, R1, OR, etc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
	ITENTION TO:		SEQUENT RE	
PERFORM REMEDIAL WORK		REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON 🔀	CHANGE PLANS	COMMENCE DE	RILLING OPNS.	PLUG AND  ABANDONMENT
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST A	NND 🗆	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.				
We hereby request temporary abandonment status on the E92 #13 well.				
Attached is the pressure test chart (clock set at 60 minutes). Also enclosed is a copy of the well completion.				
			XX711	<b>1</b> • .
O.C.D. mot motified was be in				
Well failed test. physical compliance of				
prior to test.	V V OHI HOURIS		- •	-
2			or before	2 1-31-04
I hereby certify that the information	n above is fine and complete to the	hest of my knowled	ige and belief	
nerses, serial, state the information	Y I The state to the	ocst of my knowno	age and ocher.	
SIGNATURE au	Lay for TITLE	agent		DATE1-14-04
Time or mint	U			
Type or print name  (This space for State use)			Tele	phone No.
(This space for State use)	PRIMA			4 0 0001
APPPROVED BY Conditions of approval, if any:	TITLE	<del></del>		
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