

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-6696-3

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator LAYTON ENTERPRISES, INC.	8. Farm or Lease Name STATE AO
3. Address of Operator 3103 79TH ST. LUBBOCK, TX. 79423	9. Well No. 1
4. Location of Well UNIT LETTER C 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 4 TOWNSHIP 12 S RANGE 33 E NMPM. BAGLEY PERMO PERM North	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4272 GL	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER
ALTERING CASING
PLUG AND ABANDONMENT

17. 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.

PERFORMED REMEDIAL WORK AS FOLLOWS:

1. CLEANED WELL OUT - REMOVED KOBE PUMP JUNK @ 9815 AND CLEANED OUT TO PBTD 10,097.
2. PERFORATED 9030-36, 9060-66, 9090-94 @ 1/FT RAN PACKER & RET. BRIDGE PLUG & TREATED PERM W/ 3000 GAL 15% HCL.
3. RAN TUBING, RODS & PUMP - RESET PUMPING UNIT & RETURNED WELL TO PRODUCTION ON 1-27-88.

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

SIGNED *Ronald L. Sexton*

TITLE President

DATE 2-4-88

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE _____

DATE

FEB 11 1988

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
FEB 10 1988
OCD
HOBBS OFFICE