

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

RECEIVED

AUG 15 2005

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

OIL CONSERVATION DIVISION

WELL API NO.

30-005-002640

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B8385-2

7. Lease Name or Unit Agreement Name:

Honolulu State

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

Slayton Resources, Inc.

3. Address of Operator

P. O. Box 2035, Roswell, NM 88201

4. Well Location

Unit Letter J : 2310 feet from the South line and 2310 feet from the East line

Section 11 Township 11S Range 27E NMPM Chaves County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3733' GR

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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Returned to production August 6, 2005

First twenty-four hours produced 1 Bbl oil.

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

SIGNATURE April Denise Allison TITLE Agent

DATE 08-10-05

Type or print name April Denise Allison

Telephone No. 505-623-7184

(This space for State use)

FOR RECORDS ONLY

APPROVED BY _____ TITLE _____

DATE AUG 23 2005

Conditions of approval, if any: