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 Na	WELL API NO. 30-005-10553	evised March 25, 1999	
District II 1301 W. Grand Ave., Artesia, NM 88210	OR CONCEDIATION DIVICION			
District III 1220 South St. Francis Dr.		5. Indicate Type of Le STATE X	ease FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas L		
1220 S. St. Francis Dr., Santa Fe, NM 87505			EO 0092	
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Un (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				it Agreement Name:
DIFFERENT RESERVOIR. USE "APPLIC			State E 92	
PROPOSALS.) 1. Type of Well:		HEUEIVED	beace E 72	
Oil Well 🖾 Gas Well 🗌	Other	AFR 2 8 2006		
2. Name of Operator Slayton Resources,	Inc.	JUL-11 ESIA	8. Well No. 13	
3. Address of Operator	swell, NM 88202-2035		9. Pool name or Wild Brown Queen Gr	
4. Well Location				ay but g
T. (100)				
Unit Letter E : 990 feet from the West line and 1650 feet from the North line				
Section 26	Township 10S	Range 26E		ounty Chaves
	10. Elevation (Show whether 3730 GR	DR, RKB, RT, GR, etc	2.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K 🗆 AL	TERING CASING 🗌
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR		UG AND ANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AI CEMENT JOB		
OTHER:		OTHER:		
12. Describe proposed or complete				
starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.				
recompliation.				
Returned to production April 19, 2006.				
Produced approximately 1 barrel of oil in the first twenty-four hours.				
111	se twenty rout mours.			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE april hu	ruse alleson TITLE	g Agent	D	ATE 04-27-06
Type or print name Annil T	enise Allison	Acceptable for recor	A. NMOCD	e No. 505-623-7184
Type or print name April D (This space for State use)	CUIDE WITTOUL	Proceduly for Lecon.	1 elepnon	¢ 140. 303-023-7104
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APPPROVED BY Conditions of approval, if any:	TITLE	<u> </u>	D	ATEMAY 0 2 2006