

NOCCC COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 42-R1424.

copy to SF

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WATER INJECTION		5. LEASE DESIGNATION AND SERIAL NO. LC 063496
2. NAME OF OPERATOR LAYTON ENTERPRISES, INC. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3103 79TH ST LUBBOCK, TEXAS 79423		7. UNIT AGREEMENT NAME FOREST POOL UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See 35, T16S, R29E EDDY COUNTY, N.M. NOV 16 1977		8. FARM OR LEASE NAME FOREST POOL UNIT
14. PERMIT NO. O.C.C. ARTESIA, OFFICE		9. WELL NO. 21
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3655 DF		10. FIELD AND POOL, OR WILDCAT SQUARE LAKE GSA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEE 35 T16S R29E
		12. COUNTY OR PARISH EDDY
		13. STATE NM

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) RESUME WATER INJECTION	
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

WATER INJECTION WAS RESUMED INTO THIS WELL ON 10-28-77. INJECTION IS THROUGH CEMENT LINED TUBING WITH TENSION PACKER SET AT 2475' AND INTO THE GRAYBURG FORMATION FROM 2493 - 2570.

RECEIVED

NOV 14 1977

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED Donald L. Layton TITLE PRESIDENT DATE 11-7-77

(This space for Federal or State office use)

APPROVED BY Lee J. Lamm TITLE ACTING DISTRICT ENGINEER DATE NOV 15 1977  
CONDITIONS OF APPROVAL, IF ANY: