

UN' D STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE
(other instructions
reverse side)

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7-

copy to SF
Form approved
Budget Bureau No 42 R1424

5. LEASE DESIGNATION AND SERIAL NO
LC-037771

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. NAME OF OPERATOR
LAYTON ENTERPRISES, INC.

2. ADDRESS OF OPERATOR
3103 79th STREET
LUBBOCK, TEXAS 79423

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
Use area space 17 below.)
At surface
1653' ENL 993' FEL
SEC 34 T16S. R29E

4. PERMIT NO.

5. ELEVATIONS (Show whether DE, ST, OR, etc.)
3670' EST D.F.

7. UNIT AGREEMENT NAME
FOREST POOL UNIT

8. FARM OR LEASE NAME
FOREST POOL UNIT

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
SQ LAKE GSA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
SEC 34, 16S, 29E

12. COUNTY OR PARISH
EDDY

13. STATE
N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
ABANDON OR ACIDIZE	☐	ABANDONMENT	☐
REPAIR WELL	☐	REPAIRING WELL	☐
(Other)	☐	ALTERING CASING	☐
FILL OR ALTER CASING	☐	ABANDONMENT*	☐
MULTIPLE COMPLETION	☐		
ABANDON*	☒		
CHANGE PLANE	☐		

NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

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

Notice of intent to plug and abandon by previous operator is hereby rescinded.
Well is temporarily abandoned pending results of current waterflood study.

RECEIVED

DEC 14 1976

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Donald L. Layton TITLE President DATE 12-1-76

(This space for Federal or State office use)

APPROVED BY Joe L. Lamm TITLE ACTING DISTRICT ENGINEER DATE DEC 21 1976

CONDITIONS OF APPROVAL IF ANY: