

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIE  
(Other instruction  
verse side)TE  
77Form approved  
Budget Bureau No. 42-B14345. LEASE DESIGNATION AND SERIAL NO.  
**LC-037777(b)**  
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                            | 7. UNIT AGREEMENT NAME<br><b>FOREST POOL UNIT</b>                                |
| 2. NAME OF OPERATOR<br><b>LAYTON ENTERPRISES, INC.</b>                                                                                                                                      | 8. FARM OR LEASE NAME<br><b>FOREST POOL UNIT</b>                                 |
| 3. ADDRESS OF OPERATOR<br><b>3103 79th STREET<br/>LUBBOCK, TEXAS 79423</b>                                                                                                                  | 9. WELL NO.<br><b>6</b>                                                          |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><b>2310' FNL 1650' FEL<br/>SEC. 34 T16S, R29E</b> | 10. FIELD AND POOL, OR WILDCAT<br><b>SQ LAKE GSA</b>                             |
| 14. PERMIT NO.                                                                                                                                                                              | 11. SEC., T., R., N., OR S.E. AND<br>S.W. 1/4 OR AREA<br><b>SEC 34, 16S, 29E</b> |
| 15. ELEVATIONS (Show whether pt., ft., or, etc.)<br><b>3660' DF</b>                                                                                                                         | 12. COUNTY OR PARISH<br><b>EDDY</b>                                              |
|                                                                                                                                                                                             | 13. STATE<br><b>N.M.</b>                                                         |

16. 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 checked="" type="checkbox"/> | (Other) <input type="checkbox"/>               |                                          |

(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 names pertinent to this work.)

Notice of intent to plug and abandon by previous operator is hereby rescinded.  
Well is temporarily abandoned pending results of current waterflood study.  
Intend to re-activate well and return to production within 60 days.

RECEIVED

DEC 21 1976

D. C. C.  
ARTESIA, OFFICE

RECEIVED

DEC 14 1976

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED *Donald E. Layton* TITLE President DATE 12-1-76

(This space for Federal or State office use)

APPROVED BY *Joe D. Lara* TITLE ACTING DISTRICT ENGINEER DATE DEC 20 1976

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
OFFICE OF THE  
DIRECTOR  
JAN 10 1964  
U.S. DEPARTMENT OF  
HEALTH, EDUCATION &  
WELFARE

FROM: