

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC - 063496

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"/>	2. NAME OF OPERATOR LAYTON ENTERPRISES, INC. ✓
3. ADDRESS OF OPERATOR 3103 79th STREET LUBBOCK, TEXAS 79423	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL 520' FWL SEC 35, T16S, R29E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3649 DF

7. UNIT AGREEMENT NAME FOREST POOL UNIT
8. FARM OR LEASE NAME FOREST POOL UNIT
9. WELL NO. 20
10. FIELD AND POOL, OR WILDCAT SQUARE LAKE G-5A
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-16-29
12. COUNTY OR PARISH EDDY
13. STATE NM

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	RE-ACTIVATE WELL	<input checked="" 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 zones pertinent to this work.)\*

CHECKED AND REPAIRED EQUIPMENT AND PUT  
WELL ON PUMP ON 12-12-76

RECEIVED

DEC 21 1976

U. S. G.  
ARTESIA OFFICE

RECEIVED

DEC 17 1976

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 12-13-76

(This space for Federal or State office use)

APPROVED BY Joe J. Lara TITLE ACTING DISTRICT ENGINEER

DATE DEC 20 1976

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

3:00 PM 12-12-76  
App # 2173-0