Submit 3 Copies To Appropriate District Office
District 1
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-005-10076	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. E 9997	

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" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other

RECEIVED

7. Lease Name or Unit Agreement Name:
Penrose State

2. Name of Operator
Slayton Resources, Inc.

JUN 0 1 2005

8. Well No.
1

3. Address of Operator
P. O. Box 2035, Roswell, NM 88202-2035

OCD-ARTESIA

9. Pool name or Wildcat
Diablo San Andres

4. Well Location

Unit Letter __D__ : __660__ feet from the __North__ line and __330__ feet from the __West__ line

Section __22__   Township 10 S   Range 27 E   NMPM Chaves County

10. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3855'DF

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: Return to Production ☒	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Returned to Production May 3, 2005.
First twenty-four hours produced 3 Bbl oil.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Paul Slayton_   TITLE _Owner_   DATE May 31, 2005

Type or print name Paul Slayton   Telephone No. 505-623-7184

(This space for State use)

APPPROVED BY _____   Accepted for record - NMOCD   JUN 0 2 2005

Conditions of approval, if any: