

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 87210
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

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.) RECEIVED NOV 04 2005 OCD-ARTESIA		WELL API NO. 30-005-60348 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. 7546 7. Lease Name or Unit Agreement Name: Diablo State 8. Well No. 3 9. Pool name or Wildcat Diablo San Andres
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		
2. Name of Operator Slayton Resources, Inc.		
3. Address of Operator P. O. Box 2035, Roswell, NM 88202-2035		
4. Well Location Unit Letter <u>0</u> : <u>660</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>East</u> line Section <u>16</u> Township <u>10S</u> Range <u>27E</u> NMPM County <u>Chaves</u>		
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 on October 11, 2005.
Produced 2 barrels in the first twenty-four hours.

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

SIGNATURE April Denise Allison TITLE Agent DATE 11-03-05

Type or print name April Denise Allison

Telephone No. 505-623-7184

(This space for State use)

FOR RECORDS ONLY

APPROVED BY _____ TITLE _____

DATE NOV 07 2005

Conditions of approval, if any: