JUN-17-2003	11:31	SLAYTON RESOURCES				5056237186 P.02			
Submit 3 Copies To Appro	1					36302311			
Office <u>Durng</u>]		Energy Minerals and Name I Recourses				Form C-103 Revised March 25, 1999			
025 N French Dr., Hobb.	NM 88240					WELL API NO.			
1301 W Grand Ave , Artes Distinct III	1220 Sauth St. Francis D					30-00560289 5. Indicate Type of Lease			
2000 Rio Brazos Rd., Azie	Santa Fe. NM 87505					6. State Oil & Gas Lease No.			
1220 S St. Francis Dr., San 87505						011597 L-4608			
SUNDRY NOTICES AND REPORTS ON WELLS OUNOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A						7. Lease Name or Unit Agreement Name			
DIFFERENT RESERVOIR PROPOSALS.)	* I RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C.101) FOR SUCH					State Com			
Type of Well:	S 11/1	1 . .							
Oil Well 2 Name of Operato						No			
Slayton Resources, Inc.						8. Well No.			
Address of Operator P.O. Box 2035, Roswell, NM 88202 505-623-7184						9. Pool name or Wildcar Sam's Ranch Grayburg			
- Well Location		, , , , , , , , , , , , , , , , , , , ,		<u>069-7104</u>	1 33-3	iasiich o	. uy bur	5	
Unit Loner_	<u> </u>	660 f∞t from th	oc_S	line and	1980	_feet from ti	ne <u>E</u>	line	
Section	11	Township		ange 28	NMPM		County	Chaves	
		10. Elevation (Show	whether E	R. RKB, RT. GR.	etc.)				
	1. Check	Appropriate Box to	Indicate N	Vature of Notice	, Report o	r Other Da	ita		
NOTI	ICE OF IN	NTENTION TO: PLUG AND ABANDO	N [7	SU REMEDIAL WO		NT REPO			
			- N			_	.IEKING	CASING [
TEMPORARILY ABA	_	CHANGE PLANS		COMMENCE D	RILLING OP		UG AND BANDON		
PULL OR ALTER CA	SING 📋	MULTIPLE COMPLETION		CASING TEST CEMENT JOB	CASING TEST AND				
OTHER.				OTTICIN.	nge name				
13 Describe proposed starting any proporecompilation	or complete sed work). S	ed operations. (Clearly SEE RULE 1103. For M	state all per fultiple Cor	tinent details, and npletions: Attach	give pertines wellbore dia	nt dates, inch gram of prop	ading est posed con	imated date of npletion or	
We are requi	اد مه ادمه								
"c are requir	ed to en	ange the name of	the wel	ll to State C	om #2.				
				*.					
į									
	<i>j</i>								
i hereby certify that the	Information	above is true and comp	plete to the	best of my knowle	dge and beli	¢f.			
SIGNATURE	an U	erdrew)	_TITLE_	Agent	· · · · · · · · · · · · · · · · · · ·		ATE	6-17-03	
Type or print name	Telephone No.								
Thus space for State in	(4) o	J. Sum	4	7.4.4-	A		*****		
APPPROVED BY		- Journ	TITLE_	Pistricts	yeves	 D	ATE	N 2 3 2003	