

Submit 3 Copies To Appropriate District Office

District I

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

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Form C-103

Revised March 25, 1999

WELL API NO. 30-005-00293
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 8732
7. Lease Name or Unit Agreement Name: Levick D State
8. Well No. 4
9. Pool name or Wildcat Coyote Queen

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	AUG 11 2008
2. Name of Operator Slayton Resources, Inc.	OCD-ARTESIA
3. Address of Operator P. O. Box 2035, Roswell, NM 88202-2035	
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>East</u> line Section <u>15</u> Township <u>11S</u> Range <u>27E</u> NMPM County <u>Chaves</u>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3705	

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 checked="" 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.

On July 21, 2008 the rubbers in the stuffing box were replaced.

ACCEPTED FOR RECORD

AUG 11 2008

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA
Compliance Asses

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 08-07-08

Type or print name April Denise Allison Telephone No. 575-623-7184

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: