

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMM.
DRAWN BY
ARTESIA, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

ckf

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.)

JUL 21 1986
O. C. D.
ARTESIA, OFFICE

1. OIL WELL GAS WELL OTHER WATER INJECTION WELL

2. NAME OF OPERATOR: LAYTON ENTERPRISES, INC.

3. ADDRESS OF OPERATOR: 2103 79th St. Lubbock, Texas 79402

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface: 660' FNL 1980' FFL
SEC 39, T16S, R29E
EDDY COUNTY, NEW MEXICO

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2665 DF

7. UNIT AGREEMENT NAME: FOREST POOL UNIT

8. FARM OR LEASE NAME: FOREST POOL UNIT

9. WELL NO.: 9

10. FIELD AND POOL, OR WILDCAT: SQUIRREL LAKE GSA

11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA: SEC 39, T16S, R29E

12. COUNTY OR PARISH: EDDY 13. STATE: NM

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"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

8 5/8" CASING @ 150' - 388' w/ 50 SX CEMENT
5 1/2" CASING @ 958' - 2366' w/ 100 SX CEMENT
2 1/2" TUBING @ 0 - 2737' - CEMENT CIRCULATED TO SURFACE
PERFORATIONS 2505 - 2619

1. PUMPED 135 SX CEMENT THROUGH 2 1/2" TUBING -
SQUEEZED ANNULAR 50 SX THROUGH PERFS @ 2650'
AT 1500 PSI. - LEFT TUBING FULL OF CEMENT & SHUT IN

2. CLEAR LOCATION & SET MARKER
SABALICORDE ROAD AT FOREST POOL UNIT #2

WELL PLUGGED & OPERATIONAL 2-10-84

PLUGGING OPERATIONS WITNESSED BY NMRD.

18. I hereby certify that the foregoing is true and correct

SIGNED Donald R. [Signature] TITLE Superintendent DATE 7-25-84

(This space for Federal or State office use)

APPROVED BY Orig. Supd. TITLE _____ DATE 7-17-84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID-2
3-30-84
P4A

