

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 87401
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

CISI
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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.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	6. State Oil & Gas Lease No. Diablo State 7546
2. Name of Operator Slayton Resources, Inc. /	8. Well No. 1
3. Address of Operator P.O. Box 2035, Roswell, NM 88202-2035	9. Pool name or Wildcat Diablo San Andres
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>16</u> Township <u>10S</u> Range <u>27E</u> NMPM Chaves County	10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3861 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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 recompletion.

We are about finished on our pulling unit repairs. We are awaiting one main drive sprocket. Should be able to be working on the Diablo wells in the next few weeks.

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

SIGNATURE Jane Andrus TITLE Agent DATE 7-12-02

Type or print name
(This space for State use)

Telephone No.

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: