

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-041-00076
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-2096
7. Lease Name or Unit Agreement Name: FOX "C" STATE
8. Well No. 1
9. Pool name or Wildcat Allison San Andres

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator

LAYTON ENTERPRISES, INC.

3. Address of Operator

**3103 79th St.
LUBBOCK, TEXAS 79423**

4. Well Location

Unit Letter **G** : **2310** feet from the **North** line and **2310** feet from the **East** line

Section **36**

Township **8S**

Range **36E**

NMPM

Roosevelt
County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

4055 GL

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: TEMPORARILY ABANDON ☒

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.

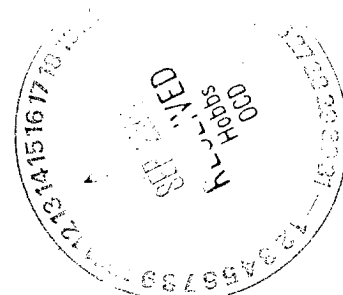
Set C.I.B.P. @4790 above San Andres perms @4840 - 4972.

Capped w/5 sx cement . Pressure tested casing to 530 PSI for 30 Min.

Request extended shut-in and TA status.

Work completed 9-9-04.

This Approval of Temporary
Abandonment Expires 9/9/09



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

SIGNATURE

Donald R. Layton

TITLE President

DATE 9-10-04

Type or print name Donald R. Layton

806/745-4638
Telephone No.

(This space for State use)

APPROVED BY

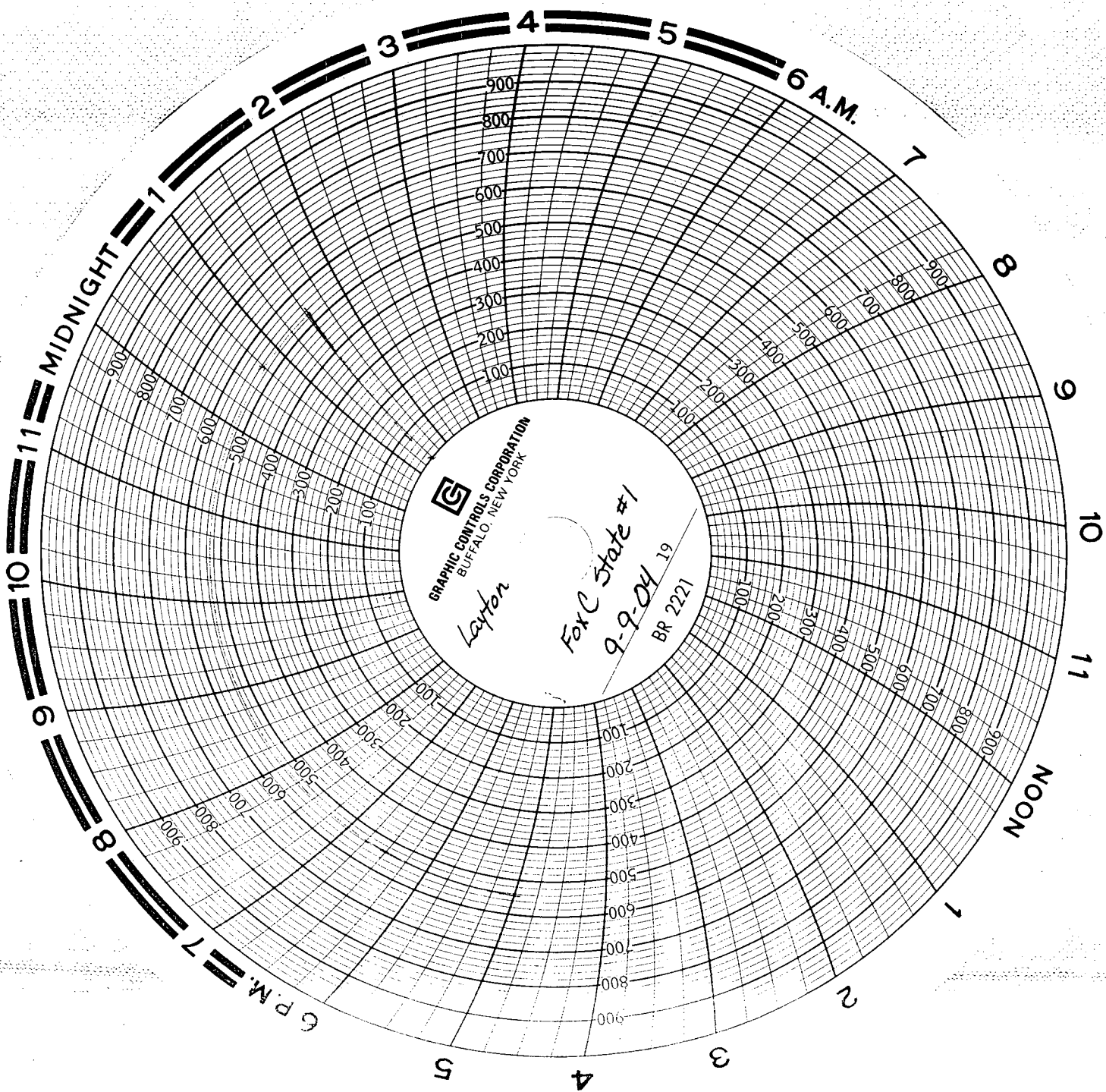
Larry W. Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE

SEP 22 2004
DATE

Conditions of approval, if any:




GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Layton

For C State #1

9-9-04

BR 2221