

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instruction  
verse side)

Budget Bureau No. 1004-011  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
**LC 069300**  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <b>LAYTON ENTERPRISES, Inc.</b>	8. FARM OR LEASE NAME <b>EL ZORRO "G" FEDERAL</b>
3. ADDRESS OF OPERATOR <b>3103 79<sup>TH</sup> ST LUBBOCK, TX. 79423</b>	9. WELL NO. <b>1</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>660' FSL 660' FWL SEC. 1, T 9 S, R 36 E</b>	10. FIELD AND POOL, OR WILDCAT <b>ALLISON PENN</b>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>1-9S-36E</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4046 GL</b>	12. COUNTY OR PARISH <b>LEA</b>
	13. STATE <b>NM</b>

16. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

REMEDIAL WORK PROGRESS REPORT:

CLEANOUT WORK HAS CONTINUED THROUGH JULY, AUGUST, AND INTO SEPTEMBER TO REMOVE JUNK TUBING FROM WELL. AS OF 9-7-92 WE ARE MILLING JUNK AT 9590 OR 30 FT FROM TD AND WE EXPECT TO RETURN THE WELL TO PRODUCTION DURING THE MONTH OF SEPTEMBER.

TANK BATTERY EQUIPMENT HAS BEEN REPAIRED AND RECONDITIONED.

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

SIGNED

*Donald L. [Signature]*

TITLE

*PRESIDENT*

DATE

*9-7-92*

(This space for Federal or State office use)

APPROVED BY

TITLE

*AL*

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side