

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
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 LAYTON ENTERPRISES, INC.	8. FARM OR LEASE NAME EL ZORRO "G" FEDERAL
3. ADDRESS OF OPERATOR 3103 79TH ST. LUBBOCK, TX. 79423	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL 660' FWL SEC. 1, T9S, R36E	10. FIELD AND POOL, OR WILDCAT ALLISON PENN
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-9S-36E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4055 GL	12. COUNTY OR PARISH LEA
	13. STATE NM

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 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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) RETURN TO PRODUCTION X		(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.) *

WELL SHUT IN BY PREVIOUS OPERATOR.

INTEND TO PULL RODS & TUBING — REPAIR EQUIPMENT AND CLEAN WELL OUT AS NECESSARY — INSTALL PUMPING EQUIPMENT AND RETURN WELL TO PRODUCTION.

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

SIGNED

Donald L. Layton

TITLE

PRESIDENT

DATE

5-15-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5-31-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side