

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

30-025-03534

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2522

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER ☐

SINGLE  
ZONE ☐

MULTIPLE  
ZONE ☐

2. Name of Operator

LAYTON ENTERPRISES, INC.

3. Address of Operator

3103 79<sup>TH</sup> ST. LUBBOCK, TEXAS 79423

7. Lease Name or Unit Agreement Name

FOX "A" STATE  
(FORMERLY CARIUS DELG.  
SUNRAY STATE A-1)

8. Well No.

4

4. Well Location

Unit Letter

B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section

2

Township

9S

Range

36 E

NMPM

LEA

County

10. Proposed Depth

9750

11. Formation

PENN

12. Rotary or C.T.

ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)

4055 GL

14. Kind & Status Plug. Bond

STATEWIDE-CURRENT

15. Drilling Contractor

DAVIS TOOL CO.

16. Approx. Date Work will start

SEPT 15, 1991

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	13 3/8	40	358	400	CIRCULATED
11	8 5/8	32	4169	1700	CIRCULATED
7 7/8	5 1/2	17	9890	500	6950

INTEND TO RE-ENTER P&A WELL & ATTEMPT RE-COMPLETION:

1. REMOVE MARKER & INSTALL WELL HEADS W/DOUBLE RAN BOP - 3000'
2. DRILL CEMENT PLUGS TO 9100' & TEST 8 5/8" CASING TO 1000 PSI.
3. DRILL OUT PLUGS TO 6000' - DRESS 5 1/2" STUB - RUN 5 1/2" 17# N-80 CASING W/ CASING BOWL & TIE 5 1/2" BACK TO SURFACE.
4. DRILL OUT PLUGS TO 9600' & TEST 5 1/2" CSG TO 1000 PSI.
5. DRILL & CLEAN OUT TO 9750' - TEST EXISTING PERFS 9668-78 RE-PERF IF NECESSARY & ACIDIZE W/ 500 GAL
6. INSTALL PUMPING EQUIP & TEST FOR PRODUCTION

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

7-26-91

TYPE OR PRINT NAME

DONALD R. LAYTON

TELEPHONE NO.

806/745-4638

(This space for State Use)

Original by  
Paul Kautz  
Geologist

APPROVED BY

TITLE

DATE

01 1991

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

Re-entry

Submit to Appropriate  
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State Lease - 4 copies  
Fee Lease - 3 copies

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Energy, Minerals and Natural Resources Department

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

RE-ENTRY  
FORMERLY CACTUS  
SUNRAY ST. A-1

Operator <b>LAYTON ENTERPRISES, INC.</b>			Lease <b>FOX "A" STATE</b>		Well No. <b>4</b>
Unit Letter <b>B</b>	Section <b>2</b>	Township <b>9S</b>	Range <b>36E</b>	County <b>LEA</b>	
Actual Footage Location of Well: <b>660</b> feet from the <b>NORTH</b> line and <b>1980</b> feet from the <b>EAST</b> line					
Ground level Elev. <b>7055</b>	Producing Formation <b>BOUGH "C"</b>		Pool <b>ALLISON PENN</b>		Dedicated Acreage: <b>80</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes

☐ No

If answer is "yes" type of consolidation \_\_\_\_\_

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION

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

Signature

Printed Name

Position

Company

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of  
Professional Surveyor

Certificate No.

