

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

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

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-03563

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

**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 SWD

2. Name of Operator  
LAYTON ENTERPRISES, INC.

3. Address of Operator  
3103 79<sup>TH</sup> ST. LUBBOCK, TX. 79423

4. Well Location  
Unit Letter H : 1980 Feet From The NORTH Line and 330 Feet From The EAST Line

Section 10 Township 9S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4060 GL

7. Lease Name or Unit Agreement Name

MERRELL

8. Well No. 1

9. Pool name or Wildcat  
ALLISON PENN

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 ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER: REPLACE TUBING ☒

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.

5-3 TO 5-10-94 PULLED & FISHED PARTED TUBING - REPLACED  
& RE-RAN TUBING & NEW PACKER - LOADED CASING & TESTED  
TO 350 PSI. - OK

5-15-94 DETECTED COMMUNICATION BETWEEN TUBING & CASING

5-17-94 PULLED TUBING - FOUND LEAKING JOINT - REPLACED & RE-RAN  
SET PACKER & LOAD CASING - PRESSURE TO 450+ PSI & COLLAPSED TUBING

5-22-94 PULLED & LAID DOWN TUBING

5-25-94 RAN NEW 2 7/8" TUBING w/ BAKER MOD. R PACKER SET @ 9719  
LOAD CASING w/ INHIBITED PACKER FLUID & TEST TO 550 PSI - 30 MIN  
- OK - CONNECTED WELL & RESUMED INJECTION.

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 5-26-94

TYPE OR PRINT NAME DONALD R. LAYTON

TELEPHONE NO. 806/745-4638

(This space for State Use)

ORIGINAL FILED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

**MAY 27 1994**

**COMMUNITY  
OFFICE**

