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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 ✓

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator LAYTON ENTERPRISES, INC.		Well API No. 30-025-03568-0001
Address 3103 79TH ST. LUBBOCK, TEXAS 79423		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name EL ZORRO "C" FEDERAL	Well No. 2	Pool Name, Including Formation Wildcat Hessan SAN ANDRES	Kind of Lease (State, Federal) or Fee <input checked="" type="checkbox"/> State, Federal	Lease No. NM 57713
Location				
Unit Letter A	660	Feet From The NORTH Line and	660	Feet From The EAST Line
Section 11	Township 9S	Range 36E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NAVAJO REFINING CO.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159 ARTESIA, N.M. 88210				
Name of Authorized Transporter of Casinghead Gas WARREN PETROLEUM CO.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 TULSA, OKLA. 74102				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 11	Twp. 9S	Rge. 36E	Is gas actually connected? YES	When? 1988-6-22-92

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth 9719	P.B.T.D. 9660					
Elevations (DF, RKB, RT, GR, etc.) 7044 GL	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4868	Tubing Depth 9550					
Perforations 4868 - 4970	Depth Casing Shoe 9719							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10 3/4	435	425
9 3/4	7 7/8	4221	1300
6 3/4	5 1/2	9719	500

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 6-22-92	Date of Test 6-31-92	Producing Method (Flow, pump, gas lift, etc.) 1 1/4" ROD PUMP	
Length of Test 24	Tubing Pressure 25	Casing Pressure 5	Choke Size -
Actual Prod. During Test 62 BBLS	Oil - Bbls. 14	Water - Bbls. 48	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature **DAVIN LAYTON** VICE PRESIDENT
Printed Name
Date **7-1-92** Telephone No. **(804) 745-4638**

OIL CONSERVATION DIVISION

AUG 07 '92

Date Approved
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

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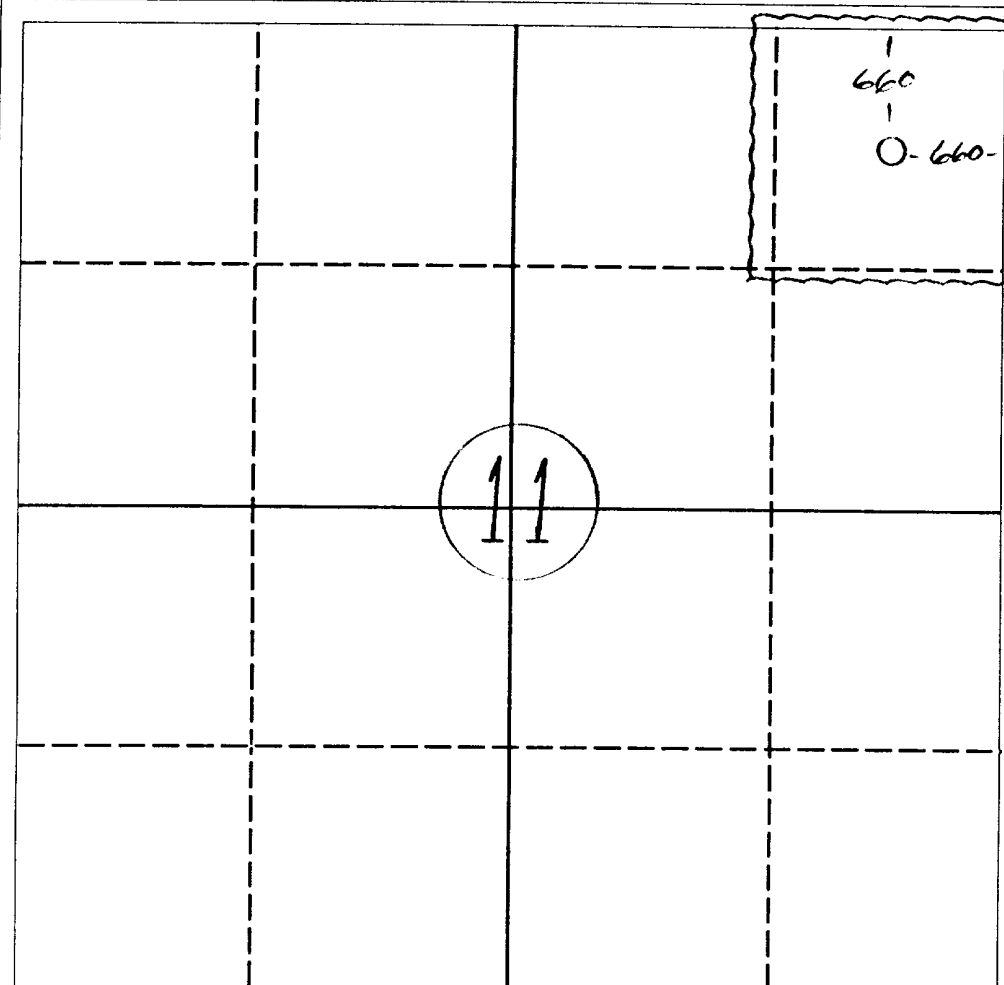
WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator LAYTON ENTERPRISES, INC.		Lease EL ZORRO "C" FEDERAL		Well No. 2
Unit Letter A	Section 11	Township 9S	Range 36E	County LEA
NMPM				

Actual Footage Location of Well: 660 feet from the NORTH line and 660 feet from the EAST line				
Ground level Elev. 4044	Producing Formation SAN ANDRES	Pool ALLISON SAN ANDRES	Dedicated Acreage: 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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
DARIUS LAYTON
Position
VICE PRESIDENT
Company
LAYTON ENTERPRISES, INC.
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
12-30-1955
Signature & Seal of Professional Surveyor
(S) W.D. GILL

Certificate No.
1415

