Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-31343

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. V-2522

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.)

7. Lease Name or Unit Agreement Name: Fox "A" State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: LAYTON ENTERPRISES, INC.

8. Well No. 5

3. Address of Operator: 3103 79th St. Lubbock, Texas 79423

9. Pool name or Wildcat: Allison Devonian

4. Well Location
Unit Letter F : 2310 Feet From The North Line and 2070 Feet From The West Line

Section 2 Township 9S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4055.6 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

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.

Set Whipstock 290° Az. @ 12,372 - Milled Window in 5½" Casing From 12,357 to 12,363 - Drilled 4½" Hole 12,363 to 12457 with 3° Bent Mud Motor - Unable to Make 90° Turn - Built Curve to 26° - Topped Devonian Zone at Point 24' NW of Original Wellbore - Drilled to TD 12457 - Prep to Attempt Completion

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 9-25-96

TYPE OR PRINT NAME Donald R. Layton TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE OCT 07 1996

CONDITIONS OF APPROVAL, IF ANY: