Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-31345

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

6. State Oil & Gas Lease No. L-5227

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 [ ] GAS WELL [ ] OTHER DRY HOLE

8. Well No. 2

2. Name of Operator: LAYTON ENTERPRISES, INC.

9. Pool name or Wildcat: P.V.R. ATOKA

3. Address of Operator: 3103 79TH ST. LUBBOCK, TX. 79423

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 [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: ZONE TEST & TEMP. ABAN. [X]	

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.

PERFORATED ATOKA ZONE 11,378-88 @ 2 SPF. TREATED W/ 4000 GAL HCL FOAMED ACID - SWABBED GAS FOR 120 HRS - TESTED APPROX 25 B/D WATER WITH SMALL SHOW OF GAS - SET CAST IRON BRIDGE PLUG @ 11,425 CAPPED W/ 5 SK CEMENT - WELL IS SHUT IN - WILL FILE TO P & A.

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 12-20-91

TYPE OR PRINT NAME DONALD R. LAYTON TELEPHONE NO. 795-4636

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 02 '92

CONDITIONS OF APPROVAL, IF ANY: