Submit 3 Copies to Appropriate District Office

APPROVED BY ...

CONDITIONS OF APPROVAL, IF ANY:

## 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

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

WE

WELL API NO. 30 -	025	-31343
5. Indicate Type	e of Lease	

DISTRICT III	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.  V - 2 5 2 2
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
1. Type of Well:	- "0" -
OIL GAS WELL OTHER	FOX "A" STATE
2. Name of Operator	8. Well No.
LAYTON ENTERPRISES, INC.	5. Wear No. 5
3. Address of Operator	9. Pool name or Wildcat
3103 79 Th St. LUBBOOK, Tx. 79423	ALLISON
4. Well Location	
Unit Letter F: 2310 Feet From The Norm Line and 207	Feet From The WEST Line
Section Z Township 95 Range 36 E	NMPM LEA County
Section Township 95 Range 36 E 1	NMPM County
4055.6	
11. Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data
	SEQUENT REPORT OF:
	oracent her ont or:
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 CEI	MENT JOB
OTHER: OTHER ZONE	TEST & PLUS BACK &
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103.	ing estimated date of starting any proposed
DRILLER OUT CEMENT TO TD 1288:	3 - PENFORATED
DEVONIAN 12170-74 @ 2/FT - SWAB TE	STED 12 ARS -
EWALERD 100% WATER - NO SHOW I	DIL OR GAS - KAN
E SFT C.I. BRIDGE PLUG @ 12420 -	CAPPED W/ E Ex CEMA
LE FERTORATET MORROW ZONE 11,478-8	38 @ 2/ET - INTENO
TO ADIDIZE & SWAB TEST.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	_
SIGNATURE SONALD TO SENTEN TITLE PRESIDE	NT DATE 10-22-91
TYPEORPRINT NAME DONALD P. LAYTON	TELEPHONE NO. 795-463
(This space for State Use)	
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SIGN OF STANFOLD	The state of the s

- TITLE -