Do not use this form for pro	UNITED STATES DEPARTMENT OF THE INTER UREAU OF LAND MANAGEM	MENT Hobbs NM 88241	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
Do not use this form for pro	NOTICES AND REPORTS	ON WELLS	
Do not use this long torpo	يت ستحمدات مقيدة اللبات مقيدالالاستخ	UN WELLS	6. If Indian, Allottee or Tribe Name
	CATION FOR PERMIT—" for s	such proposals	
	SUBMIT IN TRIPLICATE	ACCEPTED FOR RECORD	7. If Unit or CA, Agreement Designation
1. Type of Well Oil Well Well Other		OCT 8 7 1997	8. Well Name and No.
2. Name of Operator LAYTON ENTE 3. Address and Telephone No.	Repuses he.	ocs ocs	EL ZORRO G FED #2 9. API Well No.
3. Address and Telephone No.	20-a. + 7610 2	UN 1212 1/29	30 - 0 25 - 33 566 10. Field and Pool, or Exploratory Area
3/03 79*4 57 Lubbock Tx. 79923 806/715 - 9638 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			ALLISON DEVONIAN
	FNL 880 Fu		11. County or Parish, State
Sec 1,	, T95, R36 B	E	LEA, N.H.
2. CHECK APPROPR	IATE BOX(s) TO INDICATE	NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	N	TYPE OF ACTION	
Notice of Intent		bandonment	Change of Plans
Subsequent Report	l . —	ecompletion lugging Back	New Construction Non-Routine Fracturing
Final Abandonment Notice		asing Repair	Water Shut-Off Conversion to Injection
That Abandonnent Hour		ther <u>Set</u> & Cemen:	Dispose Water
2. D		CTION CASING	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
give subsurface locations and measur	red and true vertical depths for all markers and	d zones pertinent to this work.)*	any proposed work. If well is directionally drilled,
DRILLED	TO TD 12,=	369'- RAN 1 NG - SET @	UEW
5 ± " N-8	0 23# CASI	NG - SET @	12,345'
w/ DU To	or @ 9995	- CEMEN	ED W/2000 S
15T STAGE		TAL LITE + 20	o st Premium
ZND STAGE	1900 SAX 1	Home LITE + 200	SK PREMIUM
CALCULATE	D CEMENT	Top @ 2000	- PREP
To ATTEMI	PT COMPLETIC	ON - DEVONION.	Zone 12,348-69
	.70		· · · · · · · · · · · · · · · · · · ·
4. I hereby certify that the foregoing is grue Signed	Description Title FA	RESIDENT	Date
4. I hereby certify that the foregoing is true Signed (This space for Federal or State office use	Ryleso Title Fi	RESIDENT	Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements

or representations as to any matter within its jurisdiction.