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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator LAYTON ENTERPRISES, INC.	Well API No. 30-041-00018
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 FOX "B" STATE	Well No. 2	Pool Name, Including Formation ALLISON PENN	Kind of Lease State, NEW MEXICO	Lease No. LH-2338-1
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 36 Township 8S Range 36E , NMPM , Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO REFINING CO	Address (Give address to which approved copy of this form is to be sent) P O Drawer 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM CO	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 F	Sec. 36
	Twp. 8S	Rge. 36E
	Is gas actually connected? Yes	When? 11-11-91

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v X	Diff Res'v
Date Spudded 8-23-91	Date Compl. Ready to Prod. 8-29-91		Total Depth 9750		P.B.T.D. 9733			
Elevations (DF, RKB, RT, GR, etc.) 4049 GL	Name of Producing Formation Bough C		Top Oil/Gas Pay 9648		Tubing Depth 9705			
Perforations 9648 - 58					Depth Casing Shoe 9750			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	11 3/4		369		300			
11	8 5/8		4555		1600			
7 7/8	5 1/2		9750		600			

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.)

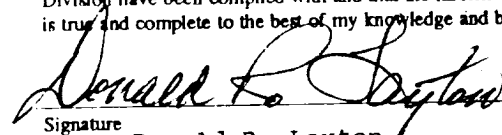
Date First New Oil Run To Tank 11-13-91	Date of Test 11-20-91	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 20	Casing Pressure 5	Choke Size -
Actual Prod. During Test	Oil - Bbls. 3	Water - Bbls. 24	Gas - MCF 13

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 **Donald R. Layton** President
Printed Name **11-26-91** Title **806/745-4638**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By

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.