

Submit to Appropriate
District Office
State Lease -- 6 copies
Fee Lease -- 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)
30-041-00018
5. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
LH-2338-1

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work:			7. Lease Name or Unit Agreement Name		
DRILL <input type="checkbox"/> RE-ENTER <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			Fox "B" STATE		
b. Type of Well:			(FORMERLY ATLANTIC		
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>			STATE AE No. 3)		
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			8. Well No.		
2. Name of Operator			2		
LAYTON ENTERPRISES, INC.			9. Pool name or Wildcat		
3. Address of Operator			4LLIEDN FENN		
2103 79th St, LUBBOCK, TEXAS 79423					
4. Well 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					
10. Proposed Depth					
9750					
11. Formation					
BOUGH C					
12. Rotary or C.T.					
ROTARY					
13. Elevations (Show whether DF, RT, GR, etc.)		14. Kind & Status Plug Bond		15. Drilling Contractor	
4099 GL		STATE WIDE - CURRENT		DAVIS TOOL CO	
16. Approx. Date Work will start		11-15-90			
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	11 3/4	42	369	300	CIRCULATED
11	8 7/8	32 & 24	4555	1000	"
7 7/8	5 1/2	17 & 15.5	9750	600	6595

INTEND TO RE-ENTER PEA WELL & ATTEMPT RECOMPLETION:

1. REMOVE MAKER & INSTALL WELL HEADS W/ DOUBLE RAM BOP - 3000'
2. DRILL OUT PLUGS TO 3900' & TEST 8 7/8" CASING TO 1000 PSI
3. DRILL OUT PLUGS TO 4500' & TEST 8 7/8" CASING TO 1000 PSI
4. DRILL OUT PLUGS TO 9750' - TEST EXISTING PERMS 9698-58
RE-TEST IF NECESSARY & ACIDIZE W/ 500 GAL
5. INSTALL PUMPING EQUIPMENT & TEST FOR PRODUCTION.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ronald R. Layton TITLE PRESIDENT DATE 9-7-90

TYPE OR PRINT NAME DONALD R. LAYTON TELEPHONE NO. 806/95-1628

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Valid Expires 6 Months From App. Date Unless Ending Underway

Submit to Appropriate
District Office
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Fee Lease - 3 copies

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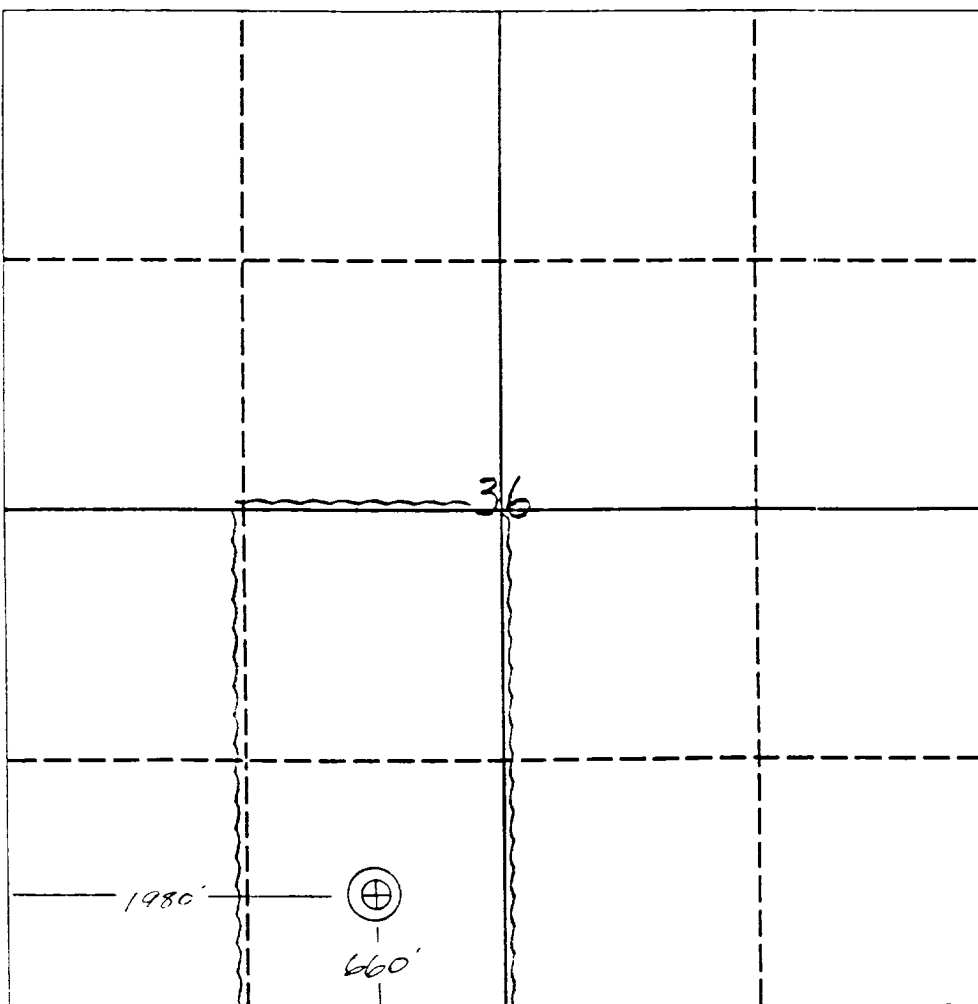
WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

RE-ENTRY
FORMERLY ATLANTIC
STATE AE NO 3

Operator LAYTON ENTERPRISES, INC		Lease FOX "E" STATE		Well No. 2
Unit Letter N	Section 36	Township 8S	Range 36E	County ROOSEVELT
Actual Footage Location of Well: 660 feet from the SOUTH line and 1980 feet from the WEST line				
Ground level Elev. 4049	Producing Formation BOUGH "C"	Pool ALLISON FENN	Dedicated Acreage: 80 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature
Donald E. Layton
Printed Name
DONALD E. LAYTON
Position
PRESIDENT
Company
LAYTON ENTERPRISES, INC
Date
9-7-90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
1959

Signature & Seal of
Professional Surveyor

Certificate No.