

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

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

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

API NO. (assigned by OCD on New Wells)

30-041-00248

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2096

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

FOX "C" STATE
(FORMERLY SUNRAY
N.M. STATE "AA")

8. Well No.

2

9. Pool name or Wildcat

ALLISON PENN

2. Name of Operator

LAYTON ENTERPRISES, INC.

3. Address of Operator

3103 79th ST LUBBOCK, TX. 79423

4. Well Location

Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST 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 DP, RT, GR, etc.)

4065 GL

14. Kind & Status Plug, Bond

STATEWIDE-CURRENT

15. Drilling Contractor

DANIS TOL CO.

16. Approx. Date Work will start

SEPTEMBER 15, 1992

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	13 3/8	36.2 LB	381	300	CIRC.
12 1/2 & 11	8 3/4	24.2 LB	4159	1300	CIRC.
7 7/8	4 1/2	11.6	9746	200	8750

INTEND TO RE-ENTER P&A WELL & ATTEMPT RE-COMPLETION:

1. REMOVE MARKER & INSTALL WELL HEADS w/ DOUBLE KATA BOP - 3000'
2. DRILL OUT CEMENT PLUGS TO 4000' & TEST 8 5/8" CASING TO 1000 PSI.
3. DRILL PLUGS TO TOP OF 4 1/2" Csg. STUB @ 4192 - DRESS OFF STUB.
4. RUN CASING & BOWL TO TIC 4 1/2" CASING BACK TO SURFACE - TEST TO 1000'
5. DRILL PLUGS TO 9600' - TEST 4 1/2" Csg. TO 1000'
6. DRILL PLUGS TO 9720 - TEST EXISTING PERFS 9651-73 - REPERF IF NECESSARY & ACIDIZE w/ 1000 GAL.
7. 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 correct to the best of my knowledge and belief.

SIGNATURE

Donald R. Layton

TITLE

PRESIDENT

DATE

6-27-92

TYPE OR PRINT NAME

DONALD R. LAYTON

TELEPHONE NO.

806/745-9638

(This space for State Use)

RECEIVED BY
DATE

JUL 01 '92

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

Re-entry

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator LAYTON ENTERPRISES, INC.			Lease FOX "C" STATE		Well No. 2
Unit Letter B	Section 36	Township 8 S	Range 36 E	County ROOSEVELT	NMPM
Actual Footage Location of Well: 660 feet from the NORTH line and 1980 feet from the EAST line					
Ground level Elev. 4065	Producing Formation BOUGH "C"		Pool ALLISON PENN		Dedicated Acreage: 80 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- 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.

OPERATOR CERTIFICATION

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

Signature

Printed Name

Position

Company

Date

Donald R. Layton
DONALD R. LAYTON
PRESIDENT
LAYTON ENT. INC.
6-27-92

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

Signature & Seal of
Professional Surveyor

Certificate No.

