

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM 041698-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR LAYTON ENTERPRISES, Inc.		8. FARM OR LEASE NAME KIRKPATRICK FED	
3. ADDRESS OF OPERATOR 3103 79TH ST LUBBOCK, TEXAS 79423		9. WELL NO. 8	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FWL 1550' FNL SEC 11, T 8S, 37E ROOSEVELT Co. N.M.		10. FIELD AND POOL, OR WILDCAT BLUETT WOLF CAMP	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-8S-37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4093 GL		12. COUNTY OR PARISH ROOSEVELT	
		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> CHANGE OPERATOR X	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

THIS WELL WAS FORMERLY OWNED AND OPERATED BY H.L. BROWN JR. REQUEST FOR APPROVAL OF ASSIGNMENT HAS BEEN FILED WITH BLM.

THE WELL IS CURRENTLY ACTIVE AND ON PUMP AND WE DO NOT PLAN ANY REMEDIAL WORK ON THE WELL OTHER THAN EQUIPMENT REPAIR AND UPGRADING

RECEIVED

DEC 12 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

DATE

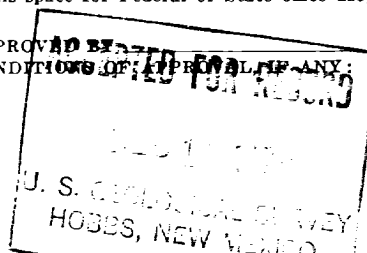
(This space for Federal or State office use)

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY



*See Instructions on Reverse Side