

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLIC.
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 53385

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 FERTILIZERS, INC.		8. FARM OR LEASE NAME EL ZORRO "E" FEDERAL	
3. ADDRESS OF OPERATOR 3102 79 th ST. LOOKOON, TEXAS 79402		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 760' FEL 560' TLL S10. 79. 7 85, 136 E		10. FIELD AND POOL, OR WILDCAT ALLISON FENN	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7058.7 CL	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29 T 8 S, R 36 E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>SURFACE CEMENTING</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) *

SPALLER WELL ON JUNE 1, 1957 - DRILLED TO 254'
SET 15 3/8" 54.5 # CASING @ 353' - CEMENTED
W/ 320 CY. CLASS C - CEMENT CIRCULATED TO
SURFACE - LET CEMENT SET 18 HRS - TESTED
CASING TO 500 PSIG - INSTALL BLOWOUT
PREVENTERS AND DRILLED AHEAD

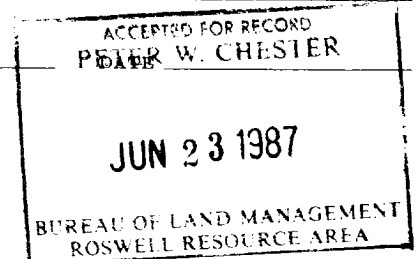
18. I hereby certify that the foregoing is true and correct

SIGNED Ronald L. Layton TITLE PRESIDENT

DATE 6-3-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side