

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. SW. CONS. COMMISSION
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM 53389
2. NAME OF OPERATOR LAYTON ENTERPRISES INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3103 79TH ST LUBBOCK TX 79423	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL 510' FEL SEC 25, T8S, R36E	8. FARM OR LEASE NAME EL ZORRO FEDERAL
	9. WELL NO. 3
	10. FIELD AND POOL OR WILDCAT ALLISON PENN
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 25-85-36E
14. PERMIT NO.	12. COUNTY OR PARISH ROOSEVELT
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4053 GL	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
OTHER:	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
Other:	

(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.) *

EQUIPPED WELL WITH ROD PUMPING EQUIPMENT
AND PUT WELL IN OPERATION ON 10-31-88
TO TEST FOR PRODUCTION
COMPLETION FORM # E160-4 WILL BE FILED
AFTER POTENTIAL TEST.

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

SIGNED Donald L. Taylor

TITLE PRESIDENT

DATE 11-1-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NOV 8 1988
BUREAU OF LAND MANAGEMENT
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