

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

<p>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" (FORM C-101) FOR SUCH PROPOSALS.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>WELL API NO. 30-041-20899</p>
<p>2. Name of Operator LAYTON ENTERPRISES, INC.</p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>3. Address of Operator 3103 79th St. LUBBOCK, TEXAS 79423</p>		<p>6. State Oil & Gas Lease No. LH-2338</p>
<p>4. Well Location Unit Letter I 1980 feet from the SOUTH line and 510 feet from the EAST line Section 36 Township 8S Range 36E NMPM County ROOSEVELT</p>		<p>7. Lease Name or Unit Agreement Name: FOX B STATE</p>
<p>10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4044 GL</p>		<p>8. Well No. 3</p>
<p>9. Pool name or Wildcat ALLISON PENN</p>		

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: COMPLETION TEST ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORATED BOUGH C ZONE 9635' - 9659'.

TREATED ZONE W/10,000 GAL 15% HCl ACID.

INSTALLED PUMPING EQUIPT. - PREPARE TO TEST.

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

SIGNATURE *Donald R. Layton* TITLE President DATE 9-30-02Type or print name DONALD R. LAYTON806/745-4638
Telephone No.

(This space for State use)

APPROVED BY _____ ORIGINAL SIGNED BY _____ DATE OCT 18 2002
Conditions of approval, if any: CARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER