

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

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

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.)		WELL API NO. 30-041-20900
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator LAYTON ENTERPRISES, INC.		6. State Oil & Gas Lease No. V-2096
3. Address of Operator 3103 79th St. LUBBOCK, TEXAS 79423		7. Lease Name or Unit Agreement Name: FOX C STATE
4. Well Location Unit Letter H 1980 feet from the NORTH line and 510 feet from the EAST line Section 36 Township 8S Range 36E NMPM County ROOSEVELT		8. Well No. 5
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4055 GL		9. Pool name or Wildcat ALBISON PENN

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 recompilation.

PERFORATED BOUGH C ZONE 9643' - 9668'.

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

INSTALLED PUMPING EQUIPT - PREP 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 9-24-2002

Type or print name DONALD R. LAYTON

806/745-4638
Telephone No.

(This space for State use)

APPROVED BY *Quincy Wink* TITLE REGIONAL REPRESENTATIVE II/STAFF MANAGER DATE OCT 18 2002

Conditions of approval, if any: