

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-101
 Revised 1-1-89

DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)
 300250793

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
 DRILL RE-ENTER DEEPEN PLUG BACK

b. Type of Well:
 OIL WELL GAS WELL OTHER SWD SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
 WJC Inc

3. Address of Operator
 P.O. Box 3857, Midland, TX 79702

4. Well Location
 Unit Letter C : 660 Feet From The North Line and 1980' Feet From The West Line
 Section 13 Township 17-S Range 38-E NMPM LeA County

7. Lease Name or Unit Agreement Name
 J. G. Cox

8. Well No.
 1

9. Pool name or Wildcat
~~Southern Knowledge~~ ~~Devonian~~

10. Proposed Depth
 8360'

11. Formation
 Bone Spring

12. Rotary or C.T.
 Rotmex

13. Elevations (Show whether DF, RT, GR, etc.)
 3702' GR

14. Kind & Status Plug Bond
 1-1/2" 7500'

15. Drilling Contractor
 NORTON Rig 4

16. Approx. Date Work will start
 ASAP

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17/4	13 7/8"		303'	350	Circ
12/4	9 5/8"		5000'	2600'	Circ

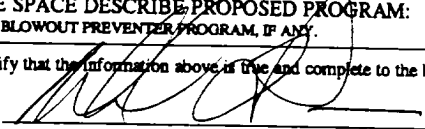
1-18-93 Prepare Loc. drill mouse + RAT holes. prep to move in Norton Rig 4.

Propose to drill out surface plug, tag 9 5/8" shoe plug @ 5000'. Test 9 5/8" csg. If OK drill out shoe plug, & clean out OH interval from 5000' to 8360'.

Rig down Norton Rig 4, and complete OH interval 5000' - 8360' as SWD zone. order # R-9802

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE  TITLE Agent DATE 1-19-93

TYPE OR PRINT NAME Michael L. Piekle TELEPHONE NO. 392-1915

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 16 1993

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
 Date Unless Drilling Underway.

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 Fee Lease - 3 copies

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 Energy, Minerals and Natural Resources Department

Form C-102
 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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WELL LOCATION AND ACREAGE DEDICATION PLAT
 All Distances must be from the outer boundaries of the section

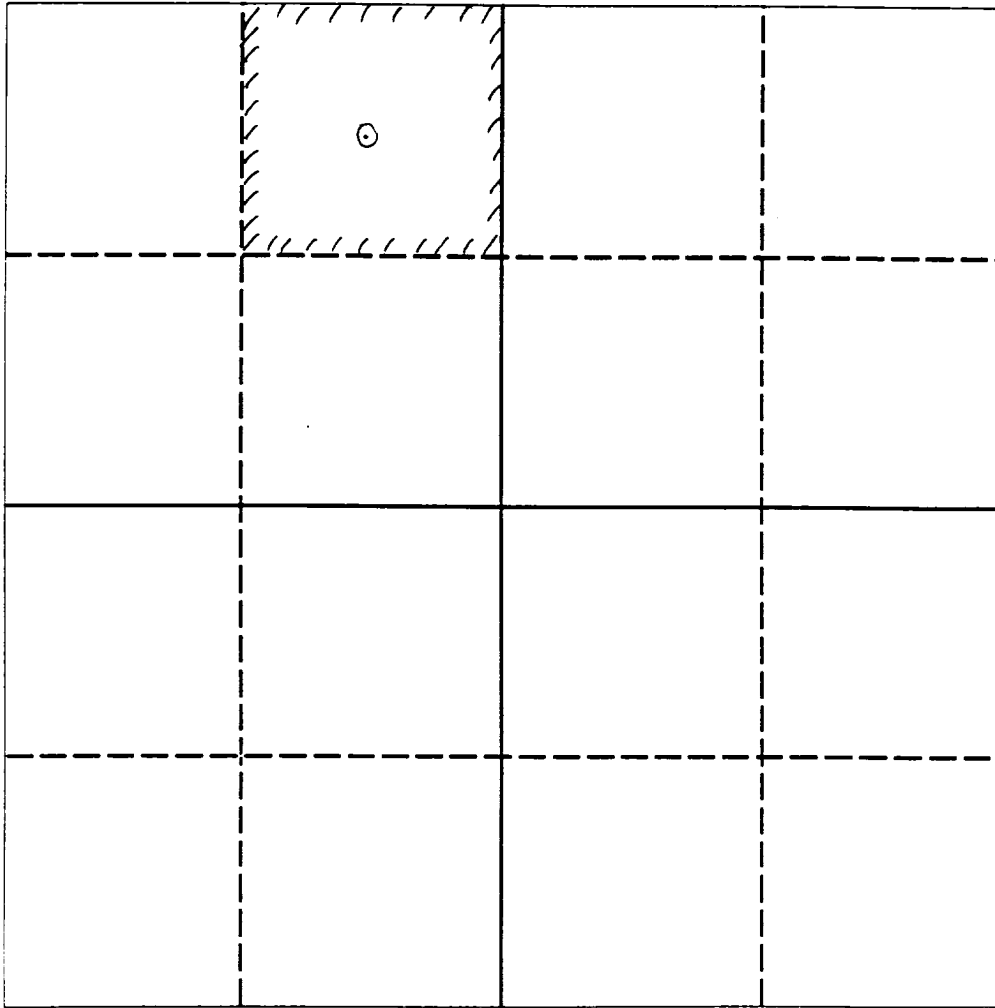
Operator WJC, Inc			Lease J.G. Cox		Well No. 1
Unit Letter C	Section 13	Township T17S	Range R38E	County LEA	
Actual Footage Location of Well: 660 feet from the NORTH line and 1980' feet from the WEST line					
Ground level Elev. 3702'	Producing Formation San Andres + San Juan		Pool SOUTH KNOWLES BEDONIAN	Dedicated Acreage: 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

Yes No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature: *[Signature]*
 Printed Name: **MICHAEL L PIERCE**
 Position: **AGENT**
 Company: **WJC, Inc**
 Date: **1-19-93**

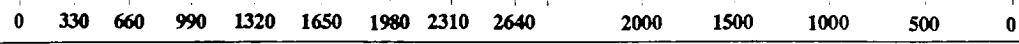
SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: _____

Signature & Seal of Professional Surveyor: _____

Certificate No.: _____



RIG 4

