

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
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  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO. 30-02507303
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD	7. Lease Name or Unit Agreement Name J.G. Cox (SWD) #1-C
2. Name of Operator WJC, INC.	8. Well No. 1
3. Address of Operator P.O. Box 7 Post, Tx 79356	9. Pool name or Wildcat SAN ANTONIO - BONE SPRING
4. Well Location Unit Letter C : 660 Feet From The N Line and 1980 Feet From The W Line Section 13 Township 17 S Range 38 E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3702' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

12-14-95 CONDUCT ANNULUS PRESSURE TEST. TESTED CSO. TO 550# FOR 30 mins --

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

SIGNATURE Chad J. Wash TITLE Operations Engineer DATE 12-28-95  
TYPE OR PRINT NAME Chad J. Wash TELEPHONE NO. (915) 685-4171

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 06 1996

CONDITIONS OF APPROVAL, IF ANY:

JC