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

WELL API NO. 30-02507303

5. Indicate Type of Lease STATE ☐ FEE ☒

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.)

7. Lease Name or Unit Agreement Name: J. G. COX ~~SWD~~

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER SALT WATER DISPOSAL

8. Well No. 1

2. Name of Operator: WJC, INC.

9. Pool name or Wildcat: SAN ANDRES & BONE SPRING

3. Address of Operator: P. O. BOX 7, POST, TX 79356

4. Well Location
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 13 Township 17S Range 38E 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

1) 4-20-94 DRILLED OUT CEMENT RETAINER @4808' AND 25 SXS. CEMENT PLUG @6760'.
2) 4-24-94 CIRCULATE HOLE CLEAN TO 8300'.
3) 4-26-94 SET 9-5/8 BAKER PACKER (A-3-51-A4) ON 2-7/8 TBG. (DUOLINE) @4729'.
4) 5-17-94 ACIDIZED WELL BORE W/10,000 GALS. 20% NeFe.
5) 5-17-94 PLACE WELL BACK INTO OPERATION. PUMP PRESSURE VACUUM - 13#PSI.
6) 5-24-94 TESTED CASING TO 490# FOR 30 MINUTES--WITNESSED BY O.C.D. FIELD REP., MR. CHARLIE PERRIN.

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

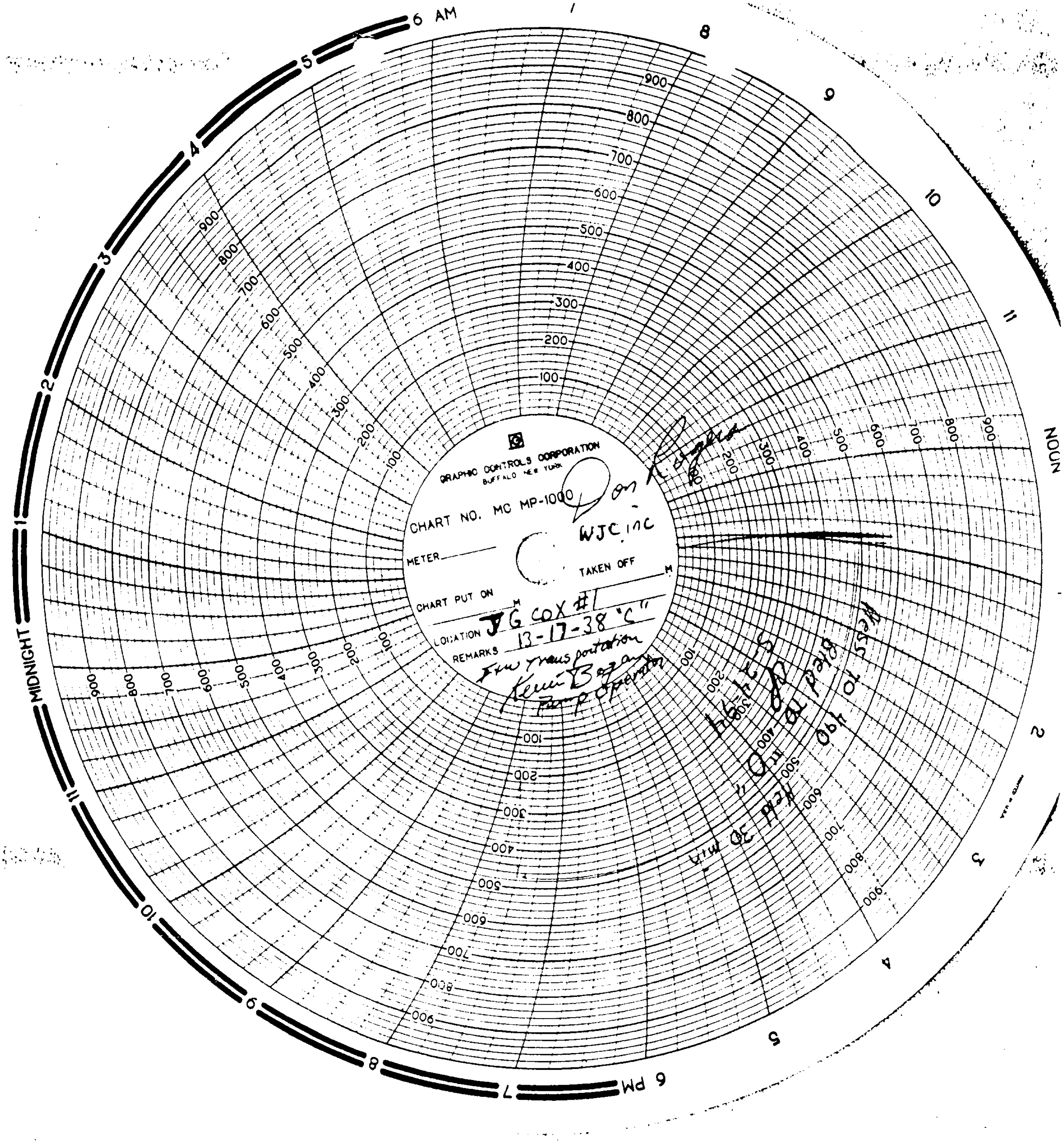
SIGNATURE Donald R Rogers TITLE PRODUCTION MANAGER DATE 5/25/94

TYPE OR PRINT NAME DONALD R. ROGERS TELEPHONE NO (915)685-5030

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUN 09 1994

CONDITIONS OF APPROVAL, IF ANY:


GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK
CHART NO. MC MP-1000
METER
TAKEN OFF
CHART PUT ON
LOCATION
REMARKS
WJC inc
JG COX #1
13-17-38 "C"
Press to 490
Held 30 min
6 AM
NOON
6 PM
MIDNIGHT