Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30 - 025 07303

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

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER SWD

2. Name of Operator: WJC Inc

8. Well No. 1

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

9. Pool name or Wildcat: Undesig SA & BS

4. Well Location
Unit Letter C : 660 Feet From The North Line and 1980' Feet From The West Line

Section 13 Township T17-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 | ☐ | 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.

1-20-93 Move in Norton Rig 4, drill out surface plug
1-22-93 Td @ 6780' - tagged solid plug - SD
1-23-93 RS Norton WO Completion tools
3-1-93 RU PU Pick up 2 7/8" plastic lined tubing
3-2-93 Acidize w/ 13050 gal
3-3-93 test csg & packer to 535# - OK
Test witnessed by OCD Rep Cyle Turnacliff
3-14-93 Begin injection Csg 0# PSI tubing 0# PSI
Last report

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

SIGNATURE Michael L. Pierce TITLE Agent DATE 3-15-93

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

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: