

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 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

WELL API NO. 30-005-20177
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: CATO SAN ANDRES UNIT
8. Well No. 172
9. Pool name or Wildcat CATO (SAN ANDRES)

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 Gas Well Other Injection / Disposal

2. Name of Operator
 UHC NEW MEXICO CORPORATION

3. Address of Operator
 P.O. BOX 1956 CLEBURNE, TEXAS 76033

4. Well Location
 Unit Letter E : 1980 feet from the N line and 650 feet from the W line
 Section 33 Township 8S Range 30E NMPM County CHAVES

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: WELL CONVERSION <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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. CONVERT INJECTION / DISPOSAL WELL TO OIL WELL BY JULY 1, 2002.
 2. WILL NOTIFY DISTRICT OFFICE PRIOR TO TESTING.

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

SIGNATURE Toby D. Andrews TITLE OPERATIONS MANAGER DATE 11/12/01

Type or print name TOBY D. ANDREWS Telephone No. 8174775324

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

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