

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  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-005-10536
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator UHC New Mexico Corp.		6. State Oil & Gas Lease No. K-3754
3. Address of Operator P.O. Box 450, 303 W. Main, Ste. 300, Artesia, N.M. 88210		7. Lease Name or Unit Agreement Name Cato San Andres
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>2</u> Township <u>8S</u> Range <u>30E</u> NMPM Chavez County		8. Well Number <u>7</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 183718
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Cato San Andres
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. 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 recompletion.

05-17-06 MIRU.

05-18-06 Put on wellhead & BOP, RIH w/ bailer & tbg. Clean out to TD @ 3476', POOH. RIH w/ pkr & tbg down to 2000', set pkr. Test csg, didn't hold pressure. POOH, RIH w/ RBP & tbg dn to 2000', set plug, POOH. RIH w/ pkr, hole @ btm 533', top @ 467', POOH. Closed well, shut dn.

05-19-06 RIH w/ retrievable tool & tbg. Tag, fish out RBP, POOH. RIH w/ production string, 103 jts 2 3/8 tbg. Flanged well, closed well, shut dn.

05-22-06 RIH w/ 2 X 1 1/2 X 12 pump & 116 3/4 rods. Tag. Spaced out, load tbg, check p/a. NU flowline, RD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Regina Wolf TITLE Production Clerk DATE 6-10-06

Type or print name Regina Wolf E-mail address: regina@lothian.us Telephone No. 505-746-4448  
**For State Use Only**

APPROVED BY: Larry W. Wink OCM FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 19 2006  
Conditions of Approval (if any):