

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

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-005-10503
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cato SA (aka; U. T. Baskett #2)
8. Well Number 28
9. OGRID Number 183718
10. 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator UHC New Mexico Corp.	
3. Address of Operator P.O. Box 450, 303 W. Main, Ste. 300, Artesia, N.M. 88210	
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>W</u> line Section <u>11</u> Township <u>8S</u> Range <u>30E</u> NMPM Chavez County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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

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

06-20-06 MIRU. RIH w/ bailer to 3596', POOH. Shut dn.

06-21-06 POOH w/ rest of tbg & bailer. RIH w/ pkr to 2490'. Test csg @ 350psi, held ok. POOH w/ prk, RIH w/ production tbg, rods & pump. Shut dn.

06-22-06 RIH w/ rods & pump, tag, space out. Load hole, hang on, check p/a. R/D.

06-30-06 MIRU. Long stroke the pump. Wasn't able to start up. Unset pump, POOH, replace pump. Got stuck 15' above SN. POOH w/ rods & pump. Pump water dn tbg, pressure up to 1500psi. Didn't get unplugged. Unflanged well, latch onto tbg, lay dn. Shut dn.

07-05-06 POOH w/ tbg. Unplugged well. RIH w/ tbg, circulated hole, flanged well, RIH w/ pump & rods. Load tbg, hang on, check p/a and shut dn.

07-06-06 Check well, pumping good. R/D.

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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Regina Wolf

TITLE Production Clerk DATE 8-7-06

Type or print name
For State Use Only

Regina Wolf

E-mail address: regina@lothian.us

Telephone No. 505-746-4448

APPROVED BY: Hayley Wink

TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 10 2006

Conditions of Approval (if any):