

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

<p><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.)</p>		<p>WELL API NO. <b>30-005-10528</b></p>
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p>
<p>2. Name of Operator <b>UHC New Mexico Corp</b></p>		<p>6. State Oil &amp; Gas Lease No.</p>
<p>3. Address of Operator <b>200 Loraine, Suite 400, Midland, TX 79701</b></p>		<p>7. Lease Name or Unit Agreement Name: <b>Cato San Andres Unit</b></p>
<p>4. Well Location Unit Letter <b>O</b> : <b>660</b> feet from the <b>South</b> line and <b>1980</b> feet from the <b>East</b> line Section <b>11</b> Township <b>8S</b> Range <b>30E</b> NMPM County <b>Chaves</b></p>		<p>8. Well No. <b>54</b></p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4150 - GL</b></p>		<p>9. OGRID Number <b>183718</b></p>
<p><b>Pit or Below-grade Tank Application</b> <input type="checkbox"/> <b>or Closure</b> <input type="checkbox"/></p>		<p>10. Pool name or Wildcat <b>Cato San Andres - 10540</b></p>
<p>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 _____</p>		

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

<p><b>NOTICE OF INTENTION TO:</b></p> <p>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 COMPLETION <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/>          CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
--	---

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.

12/28/06 MIRU RIH w/ 2300' tbg.  
 12/29/06 RIH w/ tbg to 3450. Circulate hole with mud. Spot 25 sx cement @ 3450 Pull up out of cement. WOC over night.  
 01/02/07 Tag plug @ 3202. POH to 2400'. Perf. casing @ 2615. Pressure up to 1000 PSI. RIH w/ tbg to 2615. Spot 25 sx cement. Pull out of cement. WOC over night.  
 01/03/07 Tag plug @ 2330. POH. Perf casing @ 1415. RIH w/packer to 1200. SQZ 45 sx cement @ 500 PSI WOC 4 hrs. Tag plug @ 1293. POH w/ tbg. & Pkr. ND BOP Perf casing @ 509. SDFN.  
 01/04/07 Load hole. Circulate 145sx cmt. down casing and up back side to surface. Cut off wellhead. Install Dry Hole Marker. Rig down clean loc.

Approved as to plugging of the Well Bore.  
 Liability under this permit is retained until  
 surface restoration is completed.

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 NMOCD approved plan ☐.

SIGNATURE Jesse K. Lawson TITLE Petroleum Engineer DATE 1/15/07  
 Type or print name JESSE K. LAWSON E-mail address: JKLAWSON@LTHarold Telephone No. 432-686-2618  
**For State Use Only**

APPROVED BY Gay W. Wink TITLE OC FIELD REPRESENTATIVE II / STAFF MANAGER DATE FEB 02 2007  
 Conditions of Approval (if any):