

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

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.)		WELL API NO. 30-005-20067
1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injection / Disposal		5. Indicate Type of Lease STATE ☐ FEE ☐
2. Name of Operator UHC NEW MEXICO CORPORATION		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 1956 CLEBURNE, TEXAS 76033		7. Lease Name or Unit Agreement Name: CATO SAN ANDRES UNIT
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>9</u> Township <u>8S</u> Range <u>30E</u> NMPM County <u>CHAVES</u>		8. Well No. 016
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat CATO (SAN ANDRES)

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 ☐ MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐
OTHER: WELL CONVERSION ☒	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. 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 PETROLEUM ENGINEER DATE NOV 20 2001
Conditions of approval, if any: