

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. 30-005-20178
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. 181
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 M: 660 feet from the South line and 1980 feet from the West 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: WELL CONVERSION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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 _____ DATE NOV 21 2001

Conditions of approval, if any:

JCS