

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

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. 30-005-21164
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 type="checkbox"/> FEE <input checked="" type="checkbox"/>
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>M</u> : <u>1298</u> feet from the <u>South</u> line and <u>1306</u> feet from the <u>West</u> line Section <u>09</u> Township <u>8S</u> Range <u>30E</u> NMPM County <u>Chaves</u>		8. Well No. 328
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4058 G.L.		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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Well Completion <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 recompletion.

1/15/01: Move in and rig up service unit.
1/16/01: Perforate 3224'-3270' with 2 spf. SBFN.
1/17/01: Acidize perforations with 5000 gal 15% gelled acid. Open well
Flowed back for 2 hours and died. Swab. Prepare to place pump.
WO pumping unit and electricity.
2/18/01: Potential Test 63 BO + 81 BW + 120 MCF GOR 1905/1

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 12/3/01

Type or print name Toby D. Andrews Telephone No. 8174775324
(This space for State use)

APPROVED BY _____ TITLE _____ DATE 12/17/2001
Conditions of approval, if any: _____
PETROLEUM ENGINEER