Submit 3 Copies To Appropriate Dist	state of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 API NO.
1625 N. French Dr., Hobbs, NM 87240		'''	30-005-21165
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION		N DIVISION 5. Indi	cate Type of Lease
District III 2040 South Pacheco		haca	STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		7505	te Oil & Gas Lease No.
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.)			to San Andres Unit
1. Type of Well: Oil Well Gas Well Other			
2. Name of Operator			l No.
UHC New Mexico Corporation			330
3. Address of Operator			name or Wildcat
P.O. Box 1956 Cleburne, Texas 76033		xas 76033 Ca	to (San Andres)
4. Well Location			
Unit Letter I : 1340 feet from the South line and 1308 feet from the East line			
Section 09	Township 8S R	ange 30E NMPM	County Chaves
	10. Elevation (Show whether L		
4074 G.L.			
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 CASING TEST AND CEMENT JOB			
OTHER: Well Complet		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.			
02/23/01: 02/26/01:	Perforate 3305'-3356' with 2 spf. Acidize perforations with		
6000 gallons 15% gelled acid and ball sealers. Opened well.			
Flowed 1 hour and died.			
02/27-03/07/01: Prepare to put well on pump. 03/14/01: Potential Test: 44BO + 74BW + 40MCF GOR 90971.			
OS/14/O1. FOLERCIAL TEST: 44BO + 74BW + 40MGF GOR 909/1.*			
			- No A/-
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Thereby certify that the mioritation above is true and complete to the best of my knowledge and belief.			
SIGNATURE TOLY D	TITLE	Operations Manager	DATE_12/3/01
Type or print name Toby	D. Andrews		Telephone No. 8174775324
(This space for State use)		OCNED DY	
•	C ₁	RIGINAL SIGNED BY	
APPPROVED BY			DAFEB () 4 2002
Conditions of approval, if any:	PE	TROLEUM ENGINEER	0 4 7007