Submit 3 Copies To Appropriate District State of New M	exico Form C-103
Office Energy, Minerals and Nati	rral Resources Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240	30-005-21167
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION	J. mmean Type of Lease
District III 2040 South Pac	heco STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 8	7505 6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELL	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) F	OR SUCH
PROPOSALS.)	Cato San Andres Unit
1. Type of Well:	
Oil Well Gas Well Other 2. Name of Operator	8. Well No.
UHC New Mexico Corporation	355
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 1956 Cleburne, Texas 76033	Cato (San Andres)
4. Well Location	
Unit Letter E : 1330 feet from the Nort	line and 1305 feet from the West line
	ange 30E NMPM County Chaves
Section 16 Township 8S R 10. Elevation (Show whether D	
4136' G.L.	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB
OTHER: Well Completion	OTHER:
12. Describe represed 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.	
3/4/01: Move in and rig up service uni	ι.
3/5/01: Perforate 3340'-3386' with 2 spf. Acidize perforations with 6000 gal	
15% gelled acid + ball sealers. Open well. Flowed back for 2 hours	
and died. Swab. Prepare to place on pump.	
3/27/01: Potential Test 42 BO + 97 BW + 0 MCF	
I hereby certify that the information above is true and complete to the	heet 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
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	Microscope Control of the Control of
(This space for State use)	THIS E KAUTZ
	PAUL F. KAUTZ PAUL F. KAUTZ ETROLEUM ENGINEER DATE FEB 0 4 2002