

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

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

Form C-103

Revised March 2000

WELL API NO.

30-025-03629

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
CROSSROADS SILUR DEVONIAN  
UNIT

8. Well No. 101

9. Pool name or Wildcat  
CROSSROADS SILUR DEV

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 SWD

2. Name of Operator  
Saga Petroleum LLC

3. Address of Operator  
415 W. Wall, Suite 1900  
Midland, TX 79701

4. Well Location

Unit Letter A : 660 feet from the N line and 660 feet from the E line

Section 34

Township 9S

Range 36E

NMPM

County LEA

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ☐

CASING TEST AND CEMENT JOBS ☐ ABANDONMENT

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

Well failed MIT 3-22-02 - respectfully request 90-days to attempt TA MIT or prepare plans to F&A

This well is SI, not active

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bonnie Husband TITLE Production Analyst DATE 08/21/2002

Type or print name Bonnie Husband

(This space for State use)

APPROVED BY \_\_\_\_\_ DATE AUG 26 2002  
Conditions of approval, if any: \_\_\_\_\_  
ORIGINAL SIGNED BY  
C. W. WINK  
OCCUPATIONAL REPRESENTATIVE II / STAFF MANAGER

Telephone No. (915)684-4293