Submit 3 Copies to Appropriate District Office

State of New Mexico Minerals and Natural Resources Department Ene

Form	C	-10	ß
Revis	ed	1-	1-89

DISTRICT I	OIL CONSERVATION	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco	St.	30-025-03632	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe,	37505	5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. 651620	
SUNDRY NOT	ICES AND REPORTS ON WE	LLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		7. Lease Name or Unit Agreement Name		
	-101) FOR SUCH PROPOSALS.)	:HMI I =	Texaco U.D. Sawyer	
1. Type of Well: off. well Gas well	OTHER SWD			
2. Name of Operator			8. Well No.	
Saga Petroleum LLC of	CO		4	
3. Address of Operator 415 W. Wall, Suite 835, Midland, TX 79701		9. Pool name or Wildcat Crossroads Siluro Devonian		
4. Well Location	5, 171d1d1d, 17 75701		o. 5331 oud3 371 d1 o Bevonta	
Unit Letter 0 : 990	Feet From The South	Line and165	Feet From The East Line	
Section 34			NMPM County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		
	4031 DF			
	Appropriate Box to Indicate		· •	
NOTICE OF INT	ENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	tions (Clearly state all pertinent details, a	nd give pertinent dates, inclu	ding estimated date of starting any proposed	
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further evaluation.	Conference of the second		Ω	
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I hereby certify that the information above is true	and complete to the best of my knowledge and	belief.		
SIGNATURE Colin 4	todee _	Production	Analyst 5/7/97	
SIGNATURE	m	LE	DATE	
TYPE OR PRINT NAME			TELEPHONE NO.	
(This space for State Use)	Only Stomadics			
(Orig. Signed by Paul Koutz		IUN 04 1997	
APPROVED BY	Geologis: m	LE	DATE	