

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 25, 1999

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other WIW SI-TA	WELL API NO. 30-025-21304
2. Name of Operator Saga Petroleum LLC	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 415 W Wall, Suite 1900 Midland, TX 79701	6. State Oil & Gas Lease No. Fed Lease NM0450847
4. Well Location Unit Letter N : 810 feet from the S line and 1980 feet from the W line Section 13 Township 9S Range 35E NMPM County LEA	7. Lease Name or Unit Agreement Name FEDERAL A
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	8. Well No. 5
	9. Pool name or Wildcat SWD Devonian

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 ABANDONMENT ☐

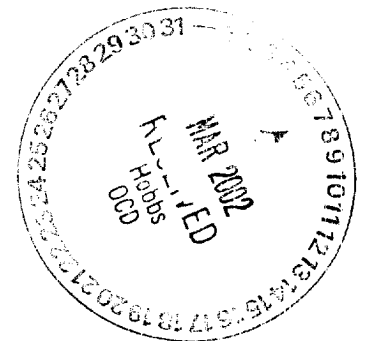
CASING TEST AND CEMENT JOBS ☐

OTHER: OCD SCHEDULED MIT PRESS TEST ☒

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.

3-1-02 Press up to 540 psi - held for 30+ mins - good test
Chart attached. Witness by OCD - Well TA'd

Copy form & chart to Roswell & Carlsbad BLM



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 03/06/2002

Type or print name Bonnie Husband Telephone No. (915)684-4293

(This space for State use)

APPROVED BY GARY W. WINK ORIGINAL SIGNED BY GARY W. WINK DATE MAR 12 2002
Conditions of approval, if any: OC FIELD REPRESENTATIVE II/STAFF MANAGER

