Submit 3 Copies to Appropriate District Office

APTROVED BY -

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 **OIL CONSERVATION DIVISION** DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-21192 Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. K-2604 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL X CALIND Bagley-State 2. Name of Operator 8. Well No. Sabre Operating Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 4848 Wichita Falls, Tx 76308-0848 Bagley Permo Penn, North 4. Well Location 7661 Feet From The North Line and 1877' Feet From The East ownship 11S Range 33E
// 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 16 County Lea 4284' 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 X REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB L OTHER: 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. NOTIFY CONSERVATION COMMISSION 24HRS. BEFORE OPERATIONS BEGIN. (505) 393-6161 Set CIBP 9900' w/10 sx. cmt. (1)(2) Circ. hole mud laden fluid 25sx. 6200' in 5½" csg. (3) 50 sx. $5\frac{1}{2}$ " stub plug apprx. 5000'. (4) 50sx. 8-5/8" shoe plug 3850-3750' (WOC-TAG). (5) (6) 50sx. 8-5/8" stub plug apprx. 700' (7)80sx. 8-5/8" shoe plug 430'-330' (WOC-TAG). 20sx. 30'-0' (8) Install Dry hole marker I hereby certify that the information above is true and complete to the best of my knowledge and belief. _ DATE __2/13/96 Agent TTILP Frelan Fields (915) 366-1852 TYPE OR PRINT NAME TRI EPHONE NO. (This space for State Use) FEB 2 0 1996

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