

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Engr. Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-005-60138

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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

2. Name of Operator

Saga Petroleum Limited Liability Company

3. Address of Operator

415 W. Wall, Suite 835, Midland, Texas 79701

4. Well Location

Unit Letter 0 : 330 Feet From The South Line and 1980 Feet From The East Line

Section 25 Township 14S Range 29E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3847 RKB

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 ☐

OTHER: Convert to Injection ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

POH w/ rods, pmp & tbg. RIH w/ pkr on 2-3/8" fiberglass tbg, set @ +1875'. (Perfs 1917 - 192  
Test casting to 300 psi for 30 minutes, put on injection.

RECEIVED  
OCD ARTESIA

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

SIGNATURE J. N. Clement TITLE Area Engineer DATE 4/13/98

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE 12-29-98

CONDITIONS OF APPROVAL, IF ANY: