Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, 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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-60154

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. K6772l

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.)

7. Lease Name or Unit Agreement Name: Double L Queen Tract 21

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER WIW

2. Name of Operator: Saga Petroleum, LLC

8. Well No. 1

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

9. Pool name or Wildcat: Double L Queen

4. Well Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 24 Township 14S Range 29E NMPM Chaves County

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

11. 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	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[X]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
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.

3-29-01 Set 5-1/2"CIBP @ 1833' cap w/ 35' cmt. w/ dumpbailer.
3-29-01 Mix mud & circ.
3-29-01 Perf 4 holes @1300', set pkr @ 1050', sqz 35 sx cmt., tag plug @1160'.
3-29-01 Perf 4 holes @ 377', set pkr @ 60', sqz 35 sx cmt.
3-30-01 Tag plug @ 250'.
3-30-01 Perf @ 50', circ. cmt. to Surface out of 8-5/8" csg. Leave 5-1/2" csg. full of cmt.
3-30-01 Install dry hole marker.

RECEIVED
OCD - ARTESIA

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

SIGNATURE [signature] TITLE Agent DATE 04/05/01

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: