

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 1940, 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

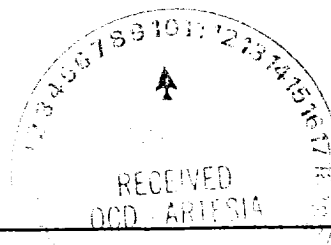
WELL API NO. 30-005-60154
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. R67721

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 ☐ WIW	7. Lease Name or Unit Agreement Name Double L Queen Tract 21
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 ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

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.



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: