

Submit 3 Copies  
to Appropriate  
District Offices

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**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.  
30-005-60162

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.  
FED Agee NMNM070934A

7. Lease Name or Unit Agreement Name  
Double L Queen Unit

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 B : 330 Feet From The North Line and 1650 Feet From The East Line

Section 12 Township 15S Range 30E 29 NMPM Chaves County

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

3890

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: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDON ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations  
(work) SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

Intent to P & A this SI WIW - will notify OCD 24 hrs prior to start operation  
MIRU, POOH w/rods, NU BOP, POOH w/tbg (5-1/2" csg @ 2017' w/150 sx Perfs 1980-86')  
Set CIBP @ 1930' w/35' cmt on top  
RIH, circ well w/9.8# mud  
POOH to 1300', spot 100' cmt plug  
POOH to 390', spot 100' cmt plug (8-5/8" @ 367 w/150 sx), WOC & tag  
POOH to 30', circulate cmt to surface  
cut off WH, install dry hole marker

Federal Agreement NMNM 070934A Well is #1 in Tract 11

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 10/20/2000

TYPE OR PRINT NAME Bonnie Husband

TELEPHONE NO. (915)684-4393

(This space for State Use)

APPROVED BY

*Federal Well*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

