

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-005-60164

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name

Double L Queen Unit Tr 18

Well No.

4

Pool name or Wildcat

Double L Queen Associated

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 of Colorado

3. Address of Operator

415 W. Wall, Ste. 835, Midland, TX 79701

4. Well Location

Unit Letter E : 1650 Feet From The North Line and 990 Feet From The West Line

Section 25 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:

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 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.

This well previously failed a casing integ Test. We repaired the HIT & tst'd @ 382 psi for 15 mins, held.

There was an original chart sent to your office on November 12, 1998. This is the paperwork to go with that & a copy of that chart.

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

SIGNATURE

TITLE

Production Analyst

DATE

12/4/98

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Jim W. Gumb

District Supervisor

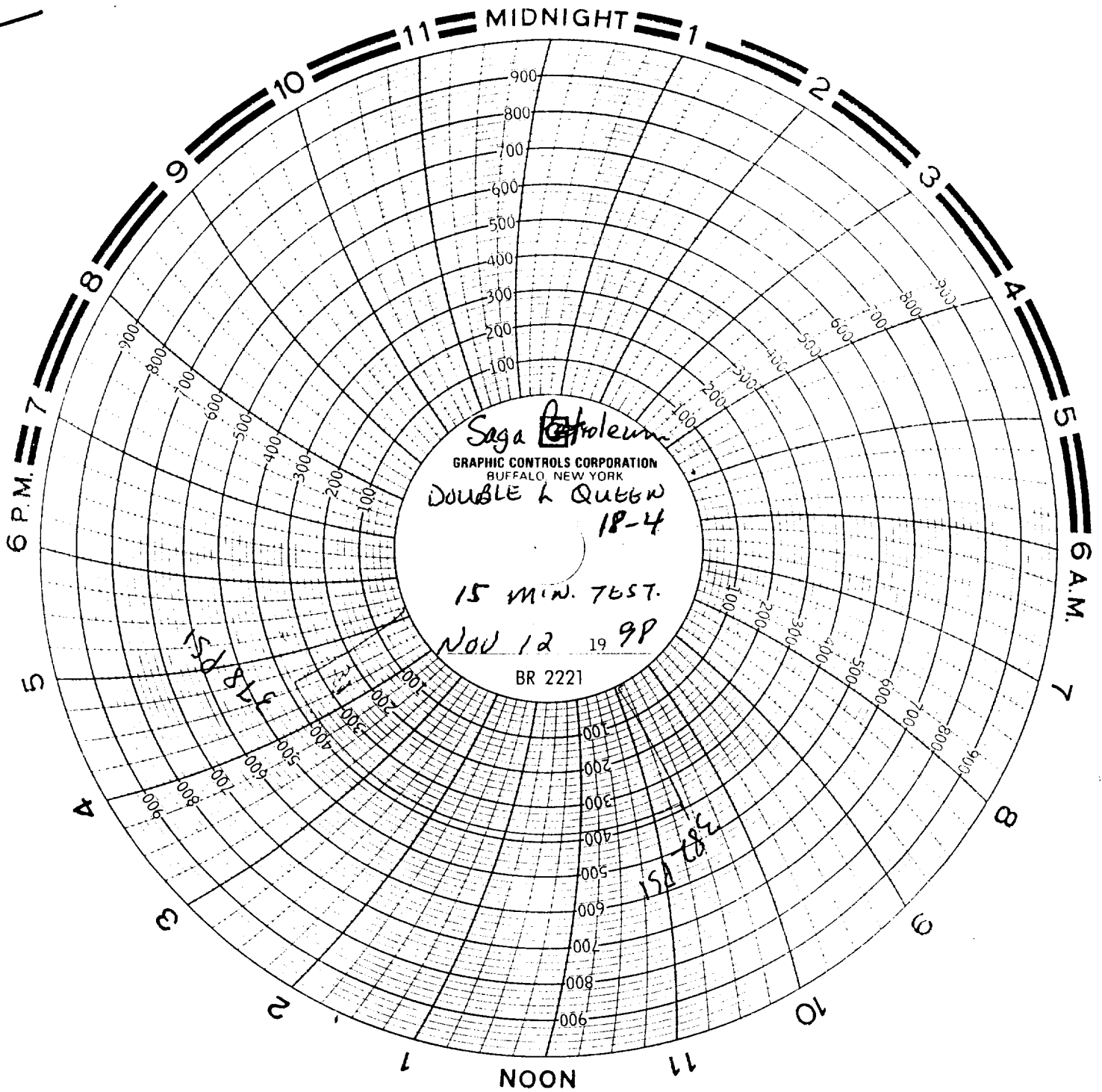
APPROVED BY

TITLE

DATE

12-9-98

CONDITIONS OF APPROVAL, IF ANY:



11-12-48

Mailed original chart  
to OCD - Arteria. Copy  
to Midland + Hobbs  
file.

nmh