				•	c) Sir
Submit 3 Copies To Appropriate District Office		State of New Mexico			orm C-103
District I	Energy, Minerals and Natural Rescurces			WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 <u>District II</u>	OH CONCEDUATION DIVISION				30-0:5-03838
811 South First, Artesia, NM 87210 District III		OIL CONSERVATION DIVISION			of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505			STATE X FEE	
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 8750;		re, mini 6/50	5	6. State Oil & 0 E5131	Gas Lease No.
SUNDRY NO (DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPL PROPOSALS.) 1. Type of Well: Oil Well Gas Well 2. Name of Operator Saga Petr	OtherWIW ,	EEPEN OR PLUI RM C-101 NOR	C BACK TO A 25 75 76 75 2002 EIVED	7. Lease Name of W Henshaw Pres	or Unit Agreement Name em Unit Tract2
3. Address of Operator 415 W	Wall, Suite 1900 d, TX 79701	ST OCD -	ARTESIA N	9. Pool name or	
4. Well Location		1	<u>_</u>	Henshaw Grayb	EAST
. a	4620		C 07 9 10 1 660		•
Unit Letter 7	teet from t	he South	2003 ine and 660	teet tro	om the West line
Section 3	Township		inge 30E	NMPM	County Eddy
	10. Elevation (Sho	w whether DR,	RKB, RT, GR, etc.)		
	Appropriate Box to	Indicate Na			
NOTICE OF PERFORM REMEDIAL WORK	INTENTION TO: PLUG AND ABAND	ON \square	REMEDIAL WOR	SEQUENT RE	:PORT OF: ALTERING CASING [
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DE			ILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING [MULTIPLE COMPLETION		CASING TEST A	ND	, (5) ((15 G) ((1) E) (1)
OTHER:			OTHER: Csg Inte	grity - TA	X
12. Describe proposed or complete of starting and proposed we or recompletion. 11-05-2002 Pressure up to 545 J Witness by OCD's Guye - chart	ork). SEE RULE 1103. F psi - held for 30 mins - g	or Multiple (tinent details, and g	give pertinent dates	
Copy form & chart to BLM - Ro	oswell, Carlsbad				
Wellbore is being retained for for of waterflood before finish/comp					- repressure the W end
Ter	mporary Abandoned Status approve	d			
<u>د</u> د	11-5-07	**			
`					
I hereby certify that the informa	tion above is true and co	mplete to the	best of my knowle	edge and belief.	
SIGNATURE Bonnie	Bustand	TITLE]	Production Analyst		DATE 11/08/2002
Type or print nameBonnie Hust	oand			Tele	ephone No. (915)684-4293
(This space for State use)	<u> </u>		A -11	1 /	1 3. (2.25)001 1273
	- 1	יי זיינים	Suld	ser ?	NOV 15 2002
APPROVED BY		TITLE_			DATE