					(15)	
For AN 18 19 20 27 22	UNITED STAT	ES		!	FORM APPROVED M	
DEPARTMENT OF THE INTERIOR					OMB No. 1004.0135 Expires November 30, 2000	
BUREAU OF LAND MANAGEMENT Sub 2002 SUNDRY NOTICES AND REPORTS ON WELLS				5. Lease Serial No. LC 069641		
RECEIVED not use this form for proposals to drill or to re-enter an				6. If Indian, Allottee or Tribe Name		
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUBMITED TO THE INTERIOR BUREAU OF LAND MANAGEMENT RECEIVED not use this form for proposals to drill or to re-enter an OCD - ARTESTA dones well. Use Form 3160-3 (APD) for such proposals. SUBMITED THE INTERIOR BUREAU OF LAND MANAGEMENT RECEIVED not use this form for proposals to drill or to re-enter an OCD - ARTESTA dones well. Use Form 3160-3 (APD) for such proposals. SUBMITED TRIPLICATE - Other instructions on reverse side ON WELLS ON WE						
SUBMITCH TR	RIPLICATE - Other inst	ructions on reverse	side	*	CA/Agreement, Name and/or No.	
T. TEVEL				West Henshaw Premier Unit Tract 6		
Oil Well Gas Well X Other 2. Name of Operator				8. Well Name and No. W Henshaw Premier Ut Tr 6 Well #1		
Saga Petroleum LLC				9. API Well No. 30-015-03840 10. Field and Pool, or Exploratory Area		
3a. Address 415 W Wall, Suite 1900, Midland, TX 79701 3b. Phone No. (include area code) (915)684-4293						
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				West Henshaw Grayburg		
330' FSL & 660' FWL Sec 3 (M), T16S, R30E					11. County or Parish, State Eddy County	
				NM		
12. CHECK A	PPROPRIATE BOX(ES)	TO INDICATE NATU	RE OF NOTICE,	REPORT, OF	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	Acidize	☐ Deepen	☐ Production (Sta	art/Resume)	Water Shut-Off	
🔯 Subsequent Report	Alter Casing Casing Repair	☐ Fracture Treat ☐ New Construction	Reclamation Recomplete		Well Integrity	
	☐ Casing Repair ☐ Change Plans	☐ Plug and Abandon	☐ Kecomplete ☐ Temporarily Al	bandon	U Other	
☐ Final Abandonment Notice	Convert to Injection	Plug Back	☐ Water Disposal			
	o 525 psi - held for 30+	filed only after all requiremen mins - good test - co	ts, including reclamation	n, have been comp		
	Tem	porary Abandon Status	Approved			
	Unti		••			
		2-22-0	3			
14. I hereby certify that the foregoin	ng is true and correct					
Name (Printed Typed) Bonnie Husband		Title Produ	ction Analyst			
Signature 1	11 0 1	Date				
Bornes	140000	02/14				
	7 THIS SPACE	FOR FEDERAL OR S	and the first and a significant	<u> </u>		
Approved by Deury	ung		Title Complia	ance/	7-2202	
Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to	or equitable title to those rights in	JOES HOE HARITAINE OF	Office Office	er NA	10CD	
Title 18 U.S.C. Section 1001, make fraudulent statements or representati			ny department or agenc	y of the United St	ates any false, fictitious or	



