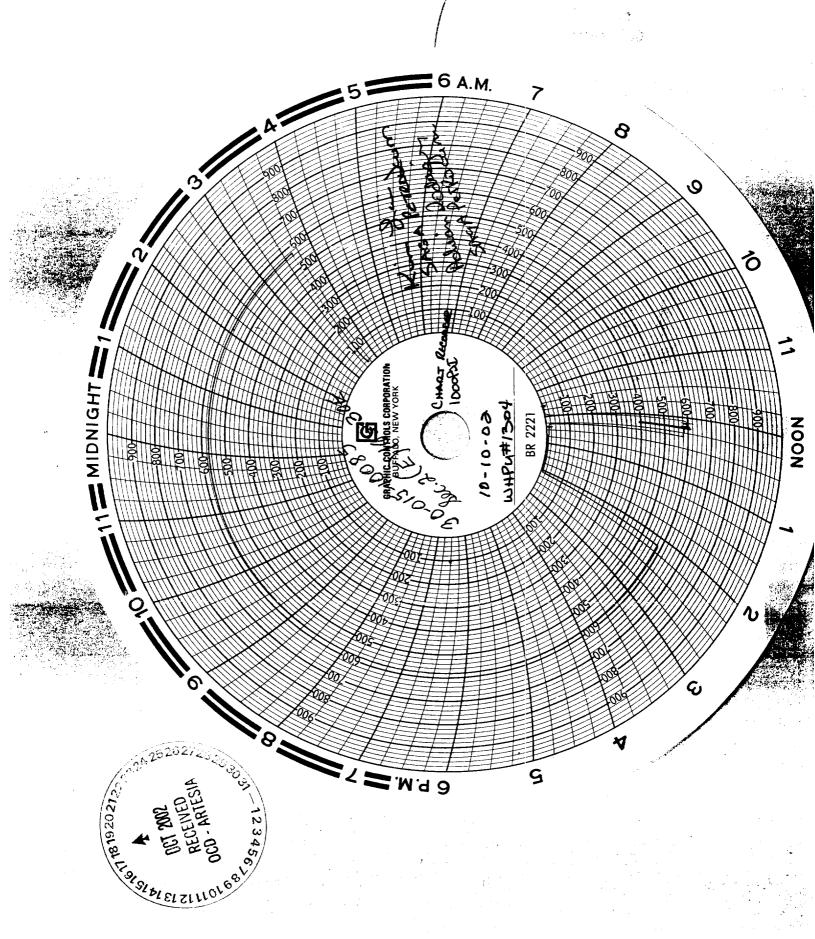
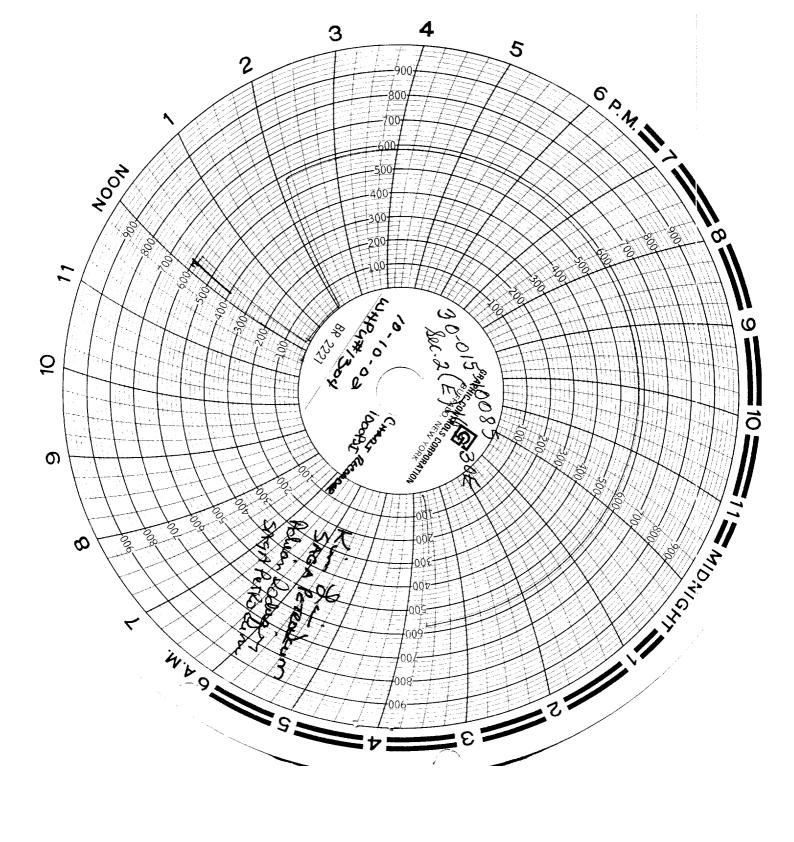
| Submit 3 Copies To Appropriate District Office | State of New Mexico gy, Minerals and Natural Resources | Form C-103 (|
|--|---|--|
| 1625 N. French Dr., Hobbs, NM 87240 | gy, Mirerals and Natural Resources | WELL API NO. |
| District II 811 South First, Artesia SM 87210007 2002 OIL | CONSERVATION DIVISION | 30-015-10085 V 5. Indicate Type of Lease |
| District III 1000 Rio Brazos Rd., Azlec, NM 8 RECEIVED | 2040 South Pacheco | STATE X FEE |
| District IV 2040 South Pacheco, Sans Fe, 1000,50 ARTESIA | Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| \ 61 | | OG 787 |
| | REPORTS ON WELLS ILL OR TO DEEPEN OR PLUG BACK TO A PERMIT" (FORM C-101) FOR SUCH therWIW | 7. Lease Name or Unit Agreement Name West Henshaw Premier Unit Tract 13 |
| 2. Name of Operator Saga Petroleum LLC | | 8. Well No. 4 |
| 3. Address of Operator 415 W. Wall, Suite 1900 Midland, TX 79701 | | 9. Pool name or Wildcat |
| Midland, TX 79701 HENSHAW GRAYBURG 4. Well Location | | |
| Unit Letter # L01 13: 2330 feet from the S line and 467 feet from the W line | | |
| Section 2 | Township16S Range 30E | NMPM County EDDY |
| 10. Ele | evation (Show whether DR, RKB, RT, GR, etc.) | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | |
| NOTICE OF INTENTIC PERFORM REMEDIAL WORK PLUG A | ON TO: SUE REMEDIAL WOF | SSEQUENT REPORT OF: RK ALTERING CASING |
| | | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING MULTIP COMPL | | ND |
| OTHER: | OTHER:MIT for | |
| Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion. 10-10-2002 Press up to 580 psi - held for 30 mins - good test - chart attached - Copy form & chart to Roswell & Carlsbad BLM offices Well in Federal Unit Agreement 8910087730 | | |
| | Temporary Abandoned Sta | tus approved |
| | und 10-10- | _ |
| | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
| She i U Pa I | | |
| 5.6 | TITLE Production Analysis | |
| Type or print nameBonnie Husband Telephone No. (915)684-4293 | | |
| (This space for State use) | . A -01 | ANN 1 P 2000 |
| APPROVED BY | | |





Manager of Manager of