

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

A.M. Oil Cons. Division
11 S. 1st Street
Artesia, NM 80210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-064577(a)
2. Name of Operator Saga Petroleum Limited Liability Company of Colorado	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 415 W. Wall, Ste 835, Midland, TX 79701	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) K-Section 3, R-31E, T-19S 2310' FSL & 2310' FWL	8. Well Name and No. BI Hanson Fed #1
	9. API Well No. 30-015-05722
	10. Field and Pool, or Exploratory Area Shugart Yates 7
	11. County or Parish, State Eddy Co., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Shut In	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Requesting a 30-day shut in for evaluation of Temporarily Abandonment or Plugging.

APPROVED FOR 1 MONTH PERIOD
ENDING AUG 31 1998

14. I hereby certify that the foregoing is true and correct		
Signed <u>David R. Glass</u>	Title <u>Production Analyst</u>	Date <u>7/23/98</u>
(This space for Federal or State office use)		
Approved by <u>(ORIG. SGD.) DAVID R. GLASS</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>JUL 31 1998</u>
Conditions of approval, if any:		

CONDITIONS OF APPROVAL

Title 18 U.S.C. § 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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*See Instruction on Reverse Side