| Submit 3 Copies To Appropriate Del 18970 Office District I 1625 N. French Dr., Hobbs 10M 87240 District II 811 South First, Artesia DM 87210 District III 1000 Rio Brazos Rd., Artes. NM 87210 District IV 2040 South Pacheco, Santa R., NM 87505 SUNDRE NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other | WELL API NO. 30-015-3 VIVISION 5. Indicate Type of Lease STATE S FEE 6. State Oil & Gas Lease No. K4990 7. Lease Name or Unit Agreement ALLIED | 32497 | |
|---|---|---------------|--|
| 2. Name of Operator Saga Petroleum LLC 3 | 8. Well No. 2 | 8. Well No. 2 | |
| 3. Address of Operator 415 W. Wall, Suite 1900 Midland, TX 79701 | Pool name or Wildcat Avalon Morrow | | |
| 4. Well Location | | | |
| Unit Letter M 660 feet from the S line and 660 feet from the W line | | line | |
| Section 22 Township20S Ra | ange 27E NMPM County Eddy | | |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3261' Gr | | | |
| 11. Check Appropriate Box to Indicate Na NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE | ature of Notice, Report or Other Data SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING C COMMENCE DRILLING OPNS. PLUG AND ABANDONME CASING TEST AND | | |
| COMPLETION | CEMENT JOBS | | |
| OTHER: | OTHER: | | |
| 12. 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. Application To Drill Filed Oct. 2, 2002 & Approved Oct. 28, 2002 Respectfully request approval to change Proposed Casing & Cmtg of Intermediate Program to the following: 12-1/4" hole - 9-5/8" 36# csg to be set @ 3000' & Cmtd w/860 sx Class C +additives , followed by 200 sx Class C +additives = 1060 total sx cmt | | | |
| 0.0 | Production Analyst DATE 01/0 | | |
| Type or print nameBonnje Husband | Telephone No. (913 |)684-4293 | |
| APPROVED BY Conditions of approval, if any: ORIGINAL SIGNED BY TIM V DISTRICT H SUPERVISOR LE | V. GUM DATE | 3 2003 | |