

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-33726
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA914

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name  Saba State		
2. Name of Operator Saba Energy of Texas, Incorporated	8. Well No. 1		
3. Address of Operator 1603 S.E. 19th Street, Suite 202 Edmond, Oklahoma 73013	9. Pool name or Wildcat Wildcat		
4. Well Location Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1308</u> Feet From The <u>East</u> Line Section <u>7</u> Township <u>13S</u> Range <u>36E</u> NMPM <u>Lea</u> County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 4,003'			

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/28/96 DRILL TO 454'. RUN 10 JTS 13-3/8" 48# H-40 CSG, SET @ 454'. PUMP 490 SXS CLASS "C" W/2% CACL2 (14.8 - 1.32). DISPLACE W/64 BW. BUMPED PLUG W/200 PSI. CIRC OUT 148 SXS CMT. WOC 24 HOURS. DRILL TO 4546'. 1/6/97 RUN 112 JTS 8-5/8" 32# J-55 CSG, SET @ 4546'. PUMP 900 SXS HOWCO LIGHT (12.7 PPG). DISPLACED W/200 BFW. BUMPED PLUG @ 3:30 PM W/800#. CIRC OUT 93 SXS CMT. WOC 26 HOURS. DRILL TO 14,031' (TD). RAN A TOTAL OF 322 JTS 5 1/2" 17# N-80 CSG AND SET @ 13,980'. CIRC BU. DROP PLUG. PUMP 324 BBLs MUD, SET PKR W/1800# (10000# WGT DIFFERENTIAL). DROP BOMB. OPEN DV TOOL. MIX & PUMP 300 SXS CLASS "H" 50/50 POZ W/2% GEL + 2% HR5 + .6 HALID 344 + .3 CFR3 + 5# KCL. DISPLACED W/324 BBLs MUD. BUMPED PLUG W/2000#, FLOATS HELD. DROP BOMB & OPEN DV TOOL. CIRC, NO CMT ABOVE DV TOOL. MIX & PUMP 1100 SXS HOWCO LITE (12.4 - 1.97 - 383 BBLs SLURRY) FOLLOWED BY 600 SXS CLASS "H" 50/50 POZ W/2% GEL + 2% HR-5 + .6 HALID 344 + .3 CFR3 + 5# KCL (14.2 - 1.32 - 141 BBLs SLURRY). DISPLACED W/262 BBLs MUD, BUMPED PLUG W/3800#. WOC. PU STACK & SET SLIPS. CUT OFF. INSTALL WELLHEAD. JET & CLEAN PITS. RELEASED RIG @ 6AM, 2/22/97. 3/1/97 MIRU COMPLETION RIG. INSTALL BOP. PU 4-3/4" BIT, 6 3-1/8" DC's & 206 JTS 2-7/8" P110 EUE TBG. TAG CMT @ 10913'. DRILL MEDIUM HARD CMT FROM 10913-11276'. DRILL DV TOOL @ 11276'. TEST CSG TO 2500 PSI - OK. CONTINUE PU TBG, TAG CMT @ 13886'. PU SWIVEL. DRILL MEDIUM HARD CMT FROM 13886-13968'. TEST CSG TO 2500 PSI - OK. DRILL DV TOOL @ 13968'. DRILL CSG PKR, FLOAT COLLAR & GUIDE SHOE. CIRC & REAM 13968-14031'. RUN ARROWDRILL PERMANENT PKR, SET @ 13950'. 4/3/97 RU DOWELL TO PUMP CLEANUP MUD ACID TREATMENT. TEST LINES TO 5000 PSI - OK. SITP = 460 PSI. OPEN WELL & PUMP 55 BBLs 15% MSR 100 ACID @ 2.4 BPM @ 130 PSI. FLUSHED W/116 BBLs LEASE OIL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tracy Mills TITLE Engineering Assistant DATE 5/6/97  
TYPE OR PRINT NAME Tracy Mills TELEPHONE NO. (405) 340-3600

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: