

December 19, 2001

Mr. David K. Brooks Ass. General Counsel NM Oil Conservation Division 1220 South St. Francis Drive Santa Fe, NM 37505

Re:

Case No. 12771

Saba Energy Properties in Lea County San Simon 5 State #2 and Fern Guy #1

Dear Mr. Brooks:

In an attempt to bring our properties into compliance with Division Rule 201.B, we are enclosing courtesy copies of Form C-103 which have been sent to the District Offices in Hobbs, New Mexico.

We trust that these applications to place our properties in "temporary abandonment status" will stay any civil penalties.

Should you need further information or have other questions, please feel free to contact the undersign.

ours truly,

Mike Montes, Jr., Esq. Office of Corporate Affairs

Cc Houston Office File

Stromit 3 Copies To Appropriate District Office	State of New Me			Form C-103		
District I	Energy, Minerals and Nati	iral Resources	 	Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 88240	,	·	WELL API NO.	105.0440		
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-125-3448			
District III	1220 South St. Fra	ncis Dr.	5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	7505	STATE 6. State Oil & 0	FEE Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM	,			023608		
87505	AND DEDODES ON WELL					
SUNDRY NOTICES (DO NOT USE THIS FORM FOR PROPOSALS	AND REPORTS ON WELLS			or Unit Agreement		
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PROPOSALS.)	, , ,		Б С	•		
1. Type of Well:	Fern Gu	y '				
Oil Well Gas Well Oth	er		111			
2. Name of Operator	8. Well No. #1					
Saba Energy of Texas, Inc.			0 D 1	TT7:11		
3. Address of Operator: 3000 Wilcrest, Ste. 220; Houston, Texas 77042			9. Pool name or	Į.		
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4. Well Location	100 6 6 4 601	TT 1: 1 0/		TATE COT 1:		
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12. Describe proposed or completed ope	erations. (Clearly state all per	inent details, and gi	ve pertinent dates,	including estimated date of		
starting any proposed work). SEE R	ULE 1103. For Multiple Con	pletions: Attach we	ellbore diagram of	proposed completion or		
recompilation.						
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Thereby certify that the information above	e is true and complete to the t	best of my knowledg	e and belief.	.::		
SIGNATURE	ville TITLE	Secretar	N/	DATE 12/19/21		
DIGITAL DIVINE	THE THE		J	DATE IF CHE		
Type or print name Susan M. Whale	≥n .	Talan	Telephone No. (805) 347-8700			
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(This space for State use)						
APPPROVED BY	TITLE			DATE		
Conditions of approval, if any:						

Seomit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103				
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.				
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION		30-025-28480				
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM			FEE Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. State on &	018031			
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	7. Lease Name or Unit Agreement Name:						
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	San Simon 5 State						
2. Name of Operator	Other		8. Well No. #2				
Saba Energy of Texas, Inc.							
3. Address of Operator: 3000 Wilcrest, Ste. 220; Houston, Texas 77042			8. Pool name or Wildcat San Simon-Strawn				
4. Well Location							
Unit Letter G: 1980 feet from the NORTH line and 1980 feet from the EAST line Section 5 Township 22 S Range 35 E NMPM County LEA							
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3641 RKB							
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF INT	SEQUENT RE						
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		ALTERING CASING			
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OTHER:		OTHER:					
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.							
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SIGNATURE THE	TITLE		·y	DATE 12/19/01			
Type or print name Susan M. Wi	halen	Telep	Telephone No. (805) 347-8700				
(This space for State use)		1					
APPPROVED BY	TITLE			DATE			
Conditions of approval, if any:		<u> </u>					