



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

**GARY E. JOHNSON**

Governor

**Jennifer A. Salisbury**

Cabinet Secretary

**Lori Wrotenbery**

Director

Oil Conservation Division

Saga Pet LLC  
415 W Wall STE 1900  
Midland, TX 79701

*Tipton Oil & Gas  
P.O. Box 1234  
Lovington, NM 88260*



Re: Plugging Reports

Form C-103 Report of Plugging for your Double L Queen Tract 21 #1 M-24-14-29-30-005-60154  
Cannot be approved until an NMOCD representative has made an inspection of the location and found it to  
be cleared to comply with OCD rules and regulations. Please check each item in the space provided to  
indicate that the work has been accomplished and the location is ready for final inspection.

- ☒ 1. All pits have been filled and leveled.
- ☒ 2. Rat hole and cellar have been filled and leveled.
- ☒ 3. A steel marker 4" in diameter and approximately 4' above mean ground level has been set in  
concrete to mark the exact location of the plugged well. (Marker must have operator name, lease name,  
well number and location including quarter/quarter section or unit letter, section, township, range and API  
well ID number permanently welded, stamped or otherwise engraved into the metal marker.)
- ☒ 4. The location has been leveled as nearly as possible to original top ground contour and has been  
cleared of all junk and equipment.
- ☒ 5. The dead men and tie downs have been cut and removed.
- ☒ 6. If a one well lease or last remaining well on lease, the battery and burn pit locations have been  
leveled and cleared of all junk & equipment.

The above are minimum requirements and no plugging bond will be cancelled until all locations for  
plugged and abandoned wells have been inspected and Form C-103 approved.

When all of the work outlined above has been done, please notify this office by completing, signing and  
returning this letter to us so that our representative will not have to make more than one trip to the location.

I certify that the above work has been done and the above mentioned lease is ready for OCD inspection and  
approval.

Name

*Debra McKelvey*  
*Agent for Ryan Tipton, Principal*

Title

*6/28/04*

*Copy*  
Field Rep

Submit 3 Copies  
to Appropriate  
District Office

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

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

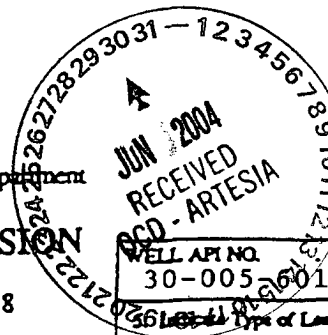
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89



|  |
|--|
| WELL APT NO.<br>30-005-60154   |
| 30-005-60154 Type of Lease   |
| STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>K67721                                 |



|   |
|---|
| 7. Lease Name or Unit Agreement Name<br>Double L Queen Tract 21 |
|---|

|                  |
|------------------|
| 8. Well No.<br>1 |
|------------------|

|   |
|---|
| 9. Pool name or Wildcat<br>Double L Queen |
|---|

|  |
|--|
| Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line |
| Section 24 Township 14S Range 29E NMMPM Chaves County                        |



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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW |
|---|

|  |
|--|
| 2. Name of Operator<br>Saga Petroleum, LLC |
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|  |
|--|
| 3. Address of Operator<br>415 W. Wall, Suite 1900, Midland, TX 79701 |
|--|

|   |
|---|
| 4. Well Location<br>Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line<br>Section 24 Township 14S Range 29E NMMPM Chaves County |
|---|

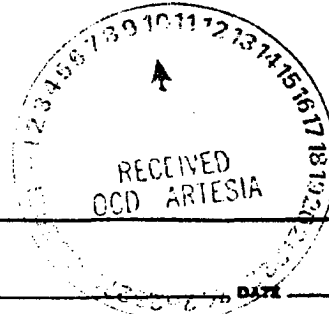


|  |
|--|
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |
|--|

|   |  |
|---|--|
| 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"/>                                | REMEDIAL WORK <input type="checkbox"/>                   |
| PLUG AND ABANDON <input type="checkbox"/>                                     | ALTERING CASING <input type="checkbox"/>                 |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | COMMENCE DRILLING OPNS. <input type="checkbox"/>         |
| CHANGE PLANS <input type="checkbox"/>   | PLUG AND ABANDONMENT <input checked="" 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.

3-29-01 Set 5-1/2" CIBP @ 1833' cap w/ 35' cmt. w/ dumpbailer.  
3-29-01 Mix mud & circ.  
3-29-01 Perf 4 holes @ 1300', set pkr @ 1050', sqz 35 sx cmt., tag plug @ 1160'.  
3-29-01 Perf 4 holes @ 377', set pkr @ 60', sqz 35 sx cmt.  
3-30-01 Tag plug @ 250'.  
3-30-01 Perf @ 50', circ. cmt. to Surface out of 8-5/8" csg. Leave 5-1/2" csg. full of cmt.  
3-30-01 Install dry hole marker.



|  |               |
|--|---------------|
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |               |
| SIGNATURE  | Agent         |
| DATE 04/05/01  |               |
| TYPE OR PRINT NAME   | TELEPHONE NO. |

(This space for State Use)

|                                 |       |      |
|---------------------------------|-------|------|
| APPROVED BY                     | TITLE | DATE |
| CONDITIONS OF APPROVAL, IF ANY: |       |      |

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

|   |  |   |
|---|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.) |  | WELL API NO.<br>30-005-60154  |
| 1. Type of Well:<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> X Other <input checked="" type="checkbox"/>   |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br>Tipton Oil & Gas Acquisitions, Inc.  |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br>P.O. Box 1234, Lovington, NM 88260  |  | 7. Lease Name or Unit Agreement Name:<br>Double L Queen Unit  |
| 4. Well Location<br>Unit Letter <u>M</u> : feet from the <u>18</u> line and <u>11</u> feet from the <u>11</u> line<br>Section <u>24</u> Township <u>14S</u> Range <u>29E</u> NMPM Chaves, County              |  | 8. Well No.<br>001  |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  | 9. Pool name or Wildcat<br>Double L Queen; Assoc.   |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: **CONVERT INJECTOR TO PRODUCER** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

Release tbg. from permanent packer. POOH with tbg. GIH with work string and bailer. Knock packer to bottom of hole. POOH with work string and bailer. Run new rods, pump, and tbg. Set pumping unit and commence production.

*Please cancel this intent - the well is plugged. See enclosed Sundry and P&A Checklist.*

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

SIGNATURE Debra McKelvey, Agent TITLE Secretary Treasurer DATE 2/27/04

Type or print name For Clay Tipton Telephone No. 505-631-4121  
(This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE MAR 4 2004  
Conditions of approval, if any: