

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

5. Lease Serial No.
NM LC064118

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
Eva E Blinebry #11

9. API Well No.
30-025-21723

10. Field and Pool, or Exploratory Area
Langlie Mattix 7 Rivers Qn Grayburg

11. County or Parish, State
Lea NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Saga Petroleum LLC

3a. Address
415 W. Wall, Suite 1900, Midland, TX 79701

3b. Phone No. (include area code)
(432)684-4293

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**1300' FSL & 1240' FEL
Sec 34 (P), T23S, R37E**

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/ Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Prod wtr leak
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

35 BW released - 1" steel connection broke off @ WIW & both injection line & WIW spilled fluid/produced water for approx 20 mins. Surface owner D K Boyd was notified. Soiled dirt will be picked up &/or turned to remediate area.

Date of Release/Spill: June 10, 2003

Area of Stain - 350' x 35' - approx 12,250 sq ft

Area of Stressed Vegetation - 78' x 12' & 6' x 8' & 30' x 10' = approx 1284 sq ft

ACCEPTED FOR RECORD

MAY 21 2004

CARLSBAD, NEW MEXICO

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)
Bonnie Husband

Title
Production Analyst

Signature

Bonnie Husband

Date
06/11/2003

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Harry W. Wink

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 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.

(Instructions on reverse)