Submit 3 Copies To Appropriate District	State of New Medic	, <i>L</i>	MENDED	Form C-103
Office District I 1625 N. French Dr., Hobbs. NM 87240	nergy, Minerals and Natural	Resources /	WELL API NO.	Revised March 25, 1999
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION D	IVISION	5 Indicate Type	30-025-00320
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco		5. Indicate Type o	I
District IV	Santa Fe, NM 87505		6. State Oil & G	
2040 South Pacheco, Santa Fe, NM 87505			VA962	
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  Gas Well  OtherSWD			7. Lease Name or NM STATE BD	Unit Agreement Name
2. Name of Operator Saga Petroleum LLC			8. Well No. 1	
3. Address of Operator 415 W. Wall, Suite 1900			9. Pool name or Wildcat	
Midland, TX 79701  4. Well Location			Devonian SWD	
Unit Letter N : 660 feet from the S line and 1980 feet from the W line				
Section 34	Township13S Ra	inge 32E	NMPM	CountyLEA
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHAI	NGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND
	TIPLE   PLETION	CASING TEST AI CEMENT JOBS	ND	ABANDONMENT
OTHER:		OTHER:OCD Sch	neduled MIT Press T	Test X
<ol> <li>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.</li> <li>3-28-03 Scheduled/witnessed Pressure Test - B Pritchard</li> </ol>				
Press up to 560 psi - held for 30 mins - good test - chart attached				
Press up to 560 psi - held for 30 mins - good test - chart attached				
This/Approval of Temporary #11/08				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE BRING SUSTIAN	nd TITLE	Production Analyst		DATE 04/09/2003
Type or print nameBonnie Husband			Tele	phone No. (915)684-4293
(This space for State use)	000000			100
APPROVED BY	ORIGINAL SIGNEI GARY W. WITNIE	D BY		APR 1 2003
Conditions of approval, if any:  OC FIELD REPRESENTATIVE II/STAFF MANAGET				

