

Submit 3 Copies To Appropriate District Office  
District I  
1625 N French Dr, Hobbs, NM 88240  
District II  
1301 W Grand Ave., 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

Form C-103  
May 27, 2004

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

WELL API NO. <b>30-025-24351</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B1553</b>
7. Lease Name or Unit Agreement Name <b>State E <del>Fe 185</del></b>
8. Well Number <b>23</b>
9. OGRID Number <b>236891</b>
10. Pool name or Wildcat <b>ABO SWD; Abo</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc )
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 ☒ Other **SWD**

2. Name of Operator  
**Saga Saltwater Disposal Corp**

3. Address of Operator  
**200 N. Lorraine, Ste 1300 M.dland. TX 79701**

4. Well Location  
Unit Letter **D** : **860** feet from the **N** line and **790** feet from the **W** line  
Section **1** Township **17S** Range **36E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc )

12. 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"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	P AND A <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <b>TA</b> <input checked="" type="checkbox"/>

13. 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 recompletion.

Started job 2/5/08 - Pressure up well to 500 lbs and hold for 30 minutes. well passed

RECEIVED

FEB 14 2008

HOBBS OCD

This Approval of Temporary Abandonment Expires **2/5/13**

RECEIVED  
FEB 11 PM 3 42

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE **Joe Greener** TITLE **production** DATE **2-6-08**

Type or print name  
For State Use Only

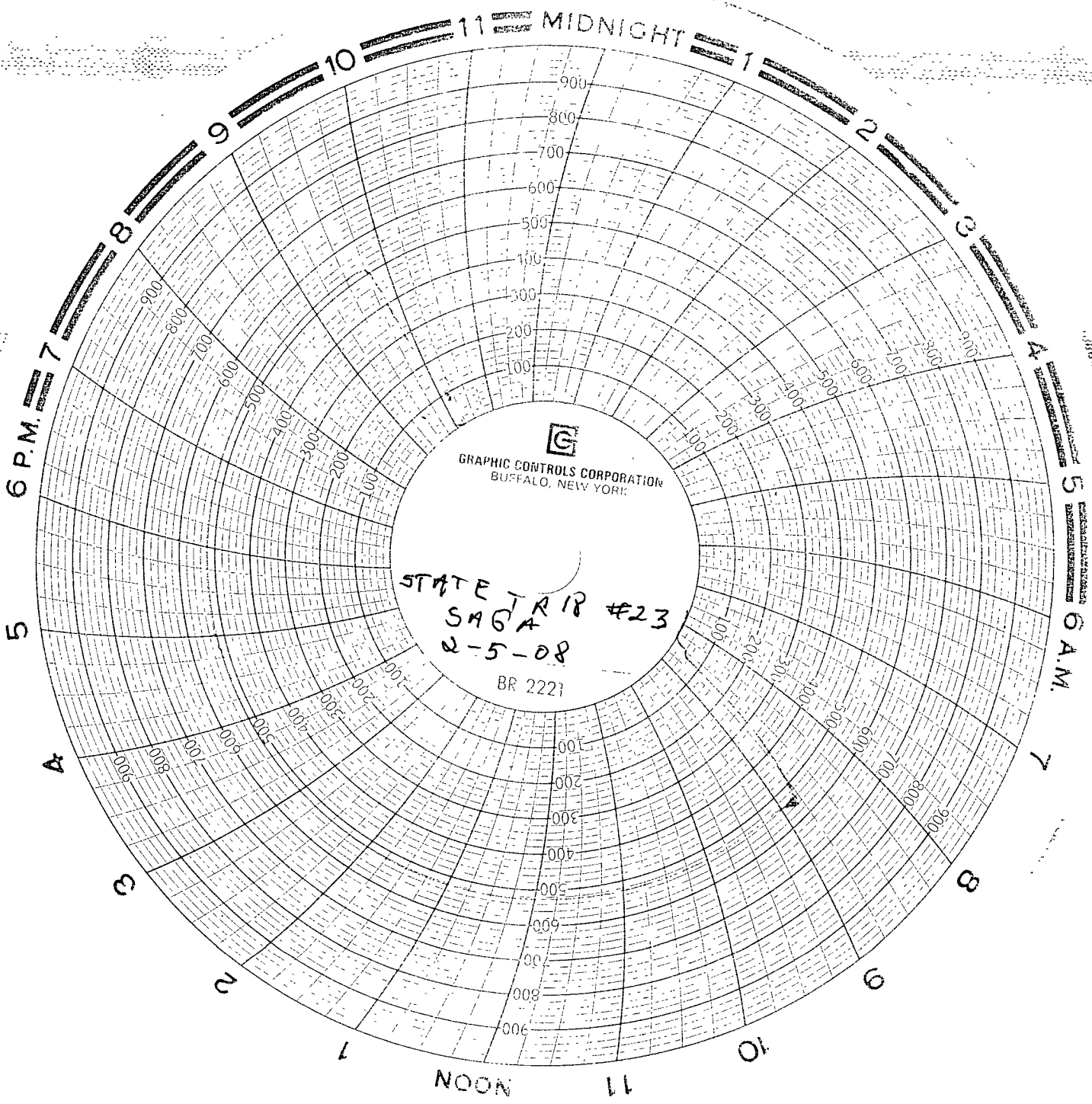
E-mail address:

Telephone No.

APPROVED BY: **Hayward Wink**  
Conditions of Approval (if any)

OCD FIELD REPRESENTATIVE II/STAFF MANAGER  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

FEB 25 2008



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

STATE TRIP #23  
SAGA

2-5-08

BR 2221