

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

|                                                                                                                                                                                                                                     |  |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS<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><b>30-025-03773</b>                                                                 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                      |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br><b>Saga Petroleum LLC</b>                                                                                                                                                                                    |  | 6. State Oil & Gas Lease No.<br><b>E7766</b>                                                        |
| 3. Address of Operator<br><b>200 N. Lorraine, Ste 1300</b>                                                                                                                                                                          |  | 7. Lease Name or Unit Agreement Name<br><b>State AE</b>                                             |
| 4. Well Location<br>Unit Letter <b>M</b> <b>330</b> feet from the <b>S</b> line and <b>990</b> feet from the <b>W</b> line<br>Section <b>36</b> Township <b>16S</b> Range <b>36E</b> NMPM County <b>Lea</b>                         |  | 8. Well Number<br><b>1</b>                                                                          |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                                                  |  | 9. OGRID Number<br><b>148967</b>                                                                    |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>                                                                                                                                    |  | 10. Pool name or Wildcat<br><b>Lovington ABO</b>                                                    |
| Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____ |  |                                                                                                     |

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>           | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>       |                                          |
| OTHER: <input type="checkbox"/>                |                                           | OTHER: <b>MIT</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.

11-8-07- Hauled 30 bbls fresh water to location Hooked  
on to casing, wasn't holding. found hole on first joint, replaced  
Casing Pressured up 500 psi with 30 min chart

This Approval of Temporary  
Abandonment Expires 3/4/2013

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

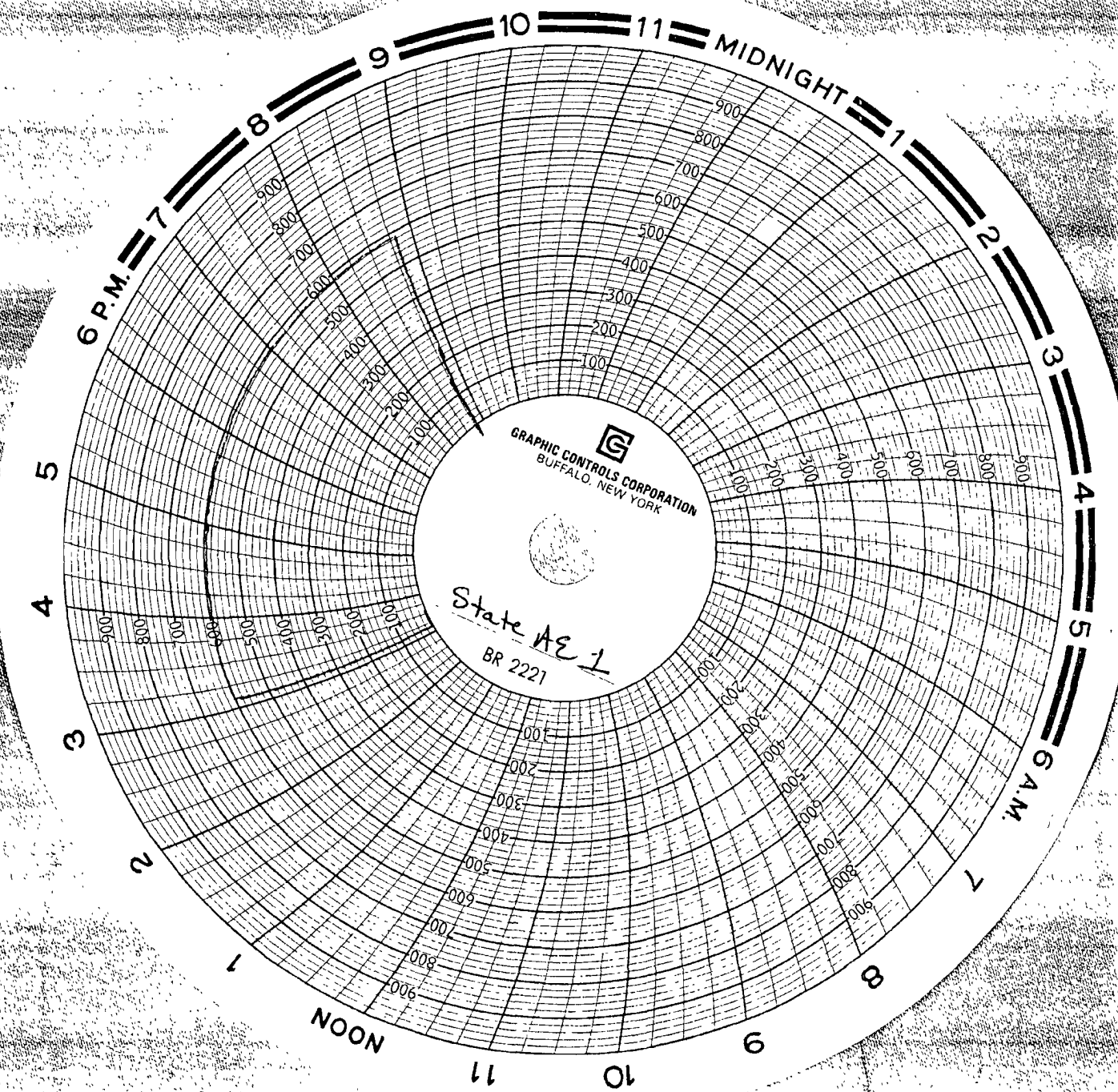
SIGNATURE Jana Greenlee TITLE production DATE 2-4-08

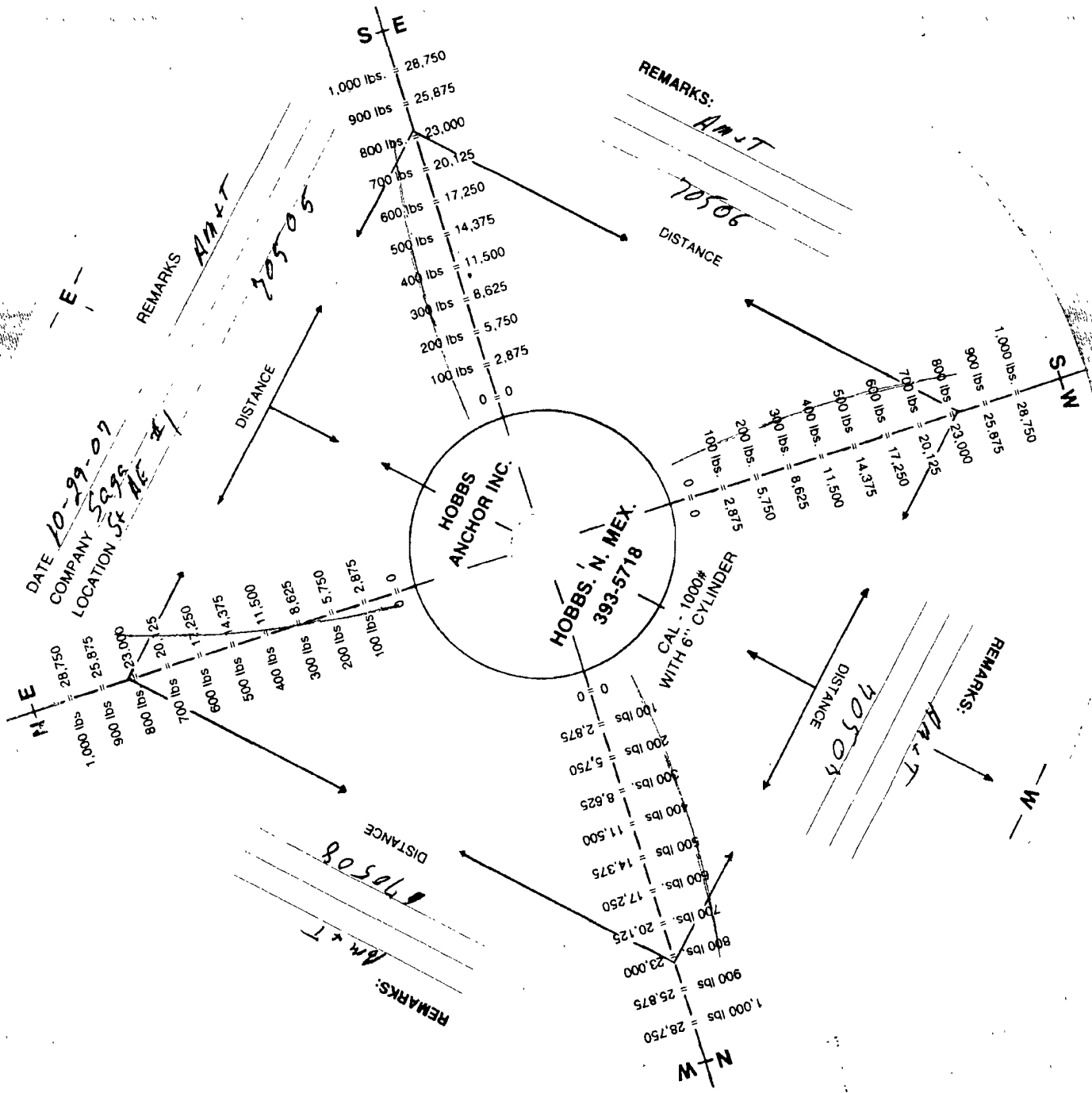
Type or print name  
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE MAR 04 2008  
Conditions of Approval (if any):





| ANCHOR<br>LOC. | Markers<br>✓ x<br>Yes No | Unable<br>To<br>Locate | Pulled<br>Up<br>Inches | Rod<br>Broke | Eye<br>Broke | Too<br>High<br>To<br>Test | Press.<br>Lbs.<br>Pulled | Test<br>OK | Old Anchor<br>Removed |
|----------------|--------------------------|------------------------|------------------------|--------------|--------------|---------------------------|--------------------------|------------|-----------------------|
| SE             | ✓                        |                        |                        |              |              |                           | 81500                    | ✓          |                       |
| SW             | ✓                        |                        |                        |              |              |                           |                          | ✓          |                       |
| NW             | ✓                        |                        |                        |              |              |                           |                          | ✓          |                       |
| NE             | ✓                        |                        |                        |              |              |                           |                          | ✓          |                       |