Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised June 10, 2003	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API	
District II 1301 W. Grand Ave., Artesia, NM 88210	District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5 Indicate	
District III 1000 Rio Brazos Rd. Aztec. NM 87410 1220 South St. Francis Dr.				5. Indicate Type of Lease STATE X FEE	
District IV Santa Fe, NM 8/505				6. State Oi	l & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				E1442	·
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.)				7. Lease Name or Unit Agreement Name MATHERS	
1. Type of Well: Oil Well X Gas Well Other				8. Well Number	
2. Name of Operator Saga Petroleum LLC				9. OGRID Number	
3. Address of Operator 415 W. Wall, Suite 1900 Midland, TX 79701				10. Pool name or Wildcat Bagley Permo Penn	
4. Well Location					
Unit Letter N :	766 feet from the	South	line and1	.874 _f	eet from the West line
Section 33	Township 11		ange 33E	NMPM	County LEA
	11. Elevation (Show w GL 4265'	hether DF	R, RKB, RT, GR, etc	:.)	
12. Check A	Appropriate Box to In	ndicate N	Vature of Notice,	Report or C	Other Data
NOTICE OF IN		_	3	•	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	П	REMEDIAL WORI	K	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRII	LLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	D	
OTHER:			OTHER: MIT-TA		X
13. Describe proposed or comp of starting any proposed we or recompletion.3-16-2004 OCD's Billy Pritchard	ork). SEE RULE 1103. F	For Multip	ole Completions: At	d give pertine tach wellbore	nt dates, including estimated date diagram of proposed completion
CIBP @ 8650' Pressured up to 540 psi - held for	30 mins - good test - we	ell TA'd		120°	320212223 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	-			1314157673	MAR 2004 22
This Approval of Temporary 3/16/09 Abandonment Expires 3/16/09					
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		-	** t bar 10 - 1 - 1 - 1 - 1		
I hereby certify that the information	1 0 0		•	e and belief.	
SIGNATURE Synnie Syl	ustand	TITLE P	roduction Analyst	-	DATE_03/18/2004
Type or print name Bonnie Husband		E-mail ac	ldress:		Telephone No. (915)684-4293
(This space for State use) APPPROVED BY Conditions of approval, if any:	I. Wink	Patenery	REPRESENTATIVE	II/STAFF MA	MAR 2 3 2004
The state of the s		•			

