State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe,   NM   87505

WELL API NO.
30-025-02657

5. Indicate Type of Lease
STATE ☐   FEE ☐

6. State Oil & Gas Lease No.

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

Betenbough "B"

1. Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER SWD

2. Name of Operator
Saga Petroleum Limited Liability Company of CO

8. Well No.
3

3. Address of Operator
415 W. Wall, Suite 835, Midland, TX 79701

9. Pool name or Wildcat
Bough C

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 14   Township 9S   Range 35E   NMPM   Lea   County

10. Elevation (Show whether DF, 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 ☐

TEMPORARILY ABANDON ☐   CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Convert to SWD   ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____ ☐

12. 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.

Convert to SWD by running packer and IPC Tbg to +9600'. Well was approved for SWD under order #SWD424.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Joe Clement_   TITLE Area Engineer   DATE 2/11/98

TYPE OR PRINT NAME Joe Clement

TELEPHONE NO. 915/684-4293

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: