Submit 3 Copies to Appropriate District Offices

## State of New Mexico Enc. 59, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Revised 1-1-89 DISTRICT I **OIL CONSERVATION DIVISION** P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 310 Old Santa Fe Trail. Room 206 30-041-10291 DISTRICT II Santa Fe, New Mexico 87503 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. Fed NM 0139989A SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Todd Lwr SA Unit Sec. 30 (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OTHER WHW-TA OIL WELL **GAS WELL** 8. Well No. 12 2. Name of Operator Saga Petroleum LLC 3. Address of Operator 9. Pool name or Wildcat 415 W Wall, Suite 1900, Midland, TX 79701 Todd Lower San Andres Assoc 4. Well Location Line and 611 1980 Feet From The S Unit Letter \_ Feet From The W Township 7S Range NMPM ROOSEVELT Section 36E 30 County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4157' KB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON CHANGE PLANS** PLUG AND ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER:\_ OTHER: 12. Describe Proposed or Completed Operations work) SEE RULE 1103. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Set CIBP @ 4200', dump 35' cmt on top (perfs 4232'-4266') Tag 100' plug @ 2035'-1935' Cut & pull 5-1/2" csg, estimate 1000' Spot 100' plug @ 5-1/2" stub, Tag Spot 100' plug @ 8-5/8" shoe (50 in & 50 out) Btm of shoe @ 331', Tag 50' surface plug, install dry hole marker

I hereby certify that the information above is true and complete to the best of my known SIGNATURE	wledge and belief.  TITLE Production Analyst	10/12/2000
TYPE OR PRINT NAME Bonnie Husband	TELEPHONE NO. (915)684-4293	
(This space for State Use)		
APPROVED BY	TITLE	DATE