Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Revised March 25, 1999 Energy, Minerals and Natural Resources District 1 WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-041-10671 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 OG1617 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Todd Lwr SA Unit Sec.30 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Other Oil Well Gas Well 2. Name of Operator Saga Petroleum LLC 8. Well No. Address of Operator 415 W Wall, Suite 1900 9. Pool name or Wildcat Midland, TX 79701 Todd Lower San Andres Assoc Well Location Unit Letter J : 1980 feet from the S line and 1980 feet from the E NMPM County ROOSEVELT Township7S Range 36E Section 30 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND **MULTIPLE** PULL OR ALTER CASING COMPLETION **CEMENT JOBS** OTHER:MIT - TA WELL \mathbf{X} OTHER: 12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion. 8-15-2002 - Pressure up to 520 psi, held 510 psi for 30+ mins good test - well TA'd - chart attached This Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Production Analyst DATE 08/20/2002 SIGNATURE. Type or print nameBonnie Husband Telephone No. (915)684-4293

GARY W. WINK TITLE OC FIELD REPRESENTATIVE IL/STAFF MANAGER APPROVED BY Conditions of approval, if any:

(This space for State use)

ORIGINAL SIGNED BY

DATE