

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-041-20006	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. OG1617	
7. Lease Name or Unit Agreement Name Todd Lwr SA Unit Sec 30	
8. Well No. 2	
9. Pool name or Wildcat Todd Lower San Andres Assoc	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Saga Petroleum LLC	
3. Address of Operator 415 W Wall, Suite 1900, Midland, TX 79701	
4. Well Location Unit Letter <u>B</u> .660 Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>30</u> Township <u>7S</u> Range <u>36E</u> NMPM ROOSEVELT 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
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.

Set CIBP @ 4200', dump 35' cmt on top (perfs 4238'-4272') 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 knowledge and belief.

SIGNATURE Bonnie Husband TITLE Production Analyst DATE 09/15/2000

TYPE OR PRINT NAME Bonnie Husband TELEPHONE NO. (915)684-4293

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MP