Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-041-20032

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E8948

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: Todd Lower SA Unit ~~Sec. 31~~

1. Type of Well: OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator: Saga Petroleum LLC

8. Well No. 2

3. Address of Operator: 415 W. Wall, Ste. 1900, Midland, TX 79701

9. Pool name or Wildcat: Todd Lower San Andres

4. Well Location
Unit Letter B : 519 Feet From The North Line and 2121 Feet From The East Line
Section 31 Township 7S Range ~~38E~~ 36E 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[XX]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

10-26-01 Spot 25 sx cmt. @ 2990'.
10-29-01 Tag plug @ 2852'.
10-29-01 Mix mud & circulate.
10-29-01 Spot 25 sx cmt. @ 2035'.
10-29-01 POOH & LD 320' of 4-1/2" csg.
10-29-01 Spot 35 sx cmt. @ 350'.
10-30-01 Tag plug @ 221'.
10-30-01 Spot 10 sx cmt. from 50' to surface.
10-30-01 Install dry hole marker.

RECEIVED Hobbs OCD

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

SIGNATURE [signature] TITLE Agent DATE 10-31-01

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Billy E. Prichard TITLE COMPLIANCE OFFICER DATE

CONDITIONS OF APPROVAL, IF ANY:

SSS GWW