Submit 3 Copies to Appropriate District Offices

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT II	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		WELL API NO. 30-041-20032	
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE 6. State Oil & Gas Lease No. E8948	
SUNDRY NOTIC	ES AND REPORTS ON W	ELLS		· · · · · · · · · · · · · · · · · · ·
(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 Lwr SA Unit Sec. 31	
1. Type of Well: OIL WELL GAS WELL OTHER				
2. Name of Operator Saga Petroleum LLC			8. Well No. 2	
3. Address of Operator 415 W Wall, Suite 1900, Midland, TX 79701			9. Pool name or Wildcat Todd Lower San Andres Assoc	
4. Well Location Unit Letter B: 519 Feet From The N Line and 2121 Feet From The E Line				
Section 31 Township 7S Range 36E NMPM ROOSEVELT County				
	10. Elevation (Show who	ther 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:				REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON				PLUG AND ABANDON
PULL OR ALTER CASING CASING TEST AND CE			MENT JOB	
OTHER:		OTHER:		<u> </u>
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 4243'-4316') 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 SONNIL		TILE Production Analys	t	DATE 09/15/2000
TYPE OR PRINT NAME Bonnie Husband TELEPHONE NO. (915)684-4293				(915)684-4293
(This space for State Use)				
APPROVED BY	т	TTLE .		DATE