Submit 3 Copies to Appropriate District Offices

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

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

Form C-103
Revised 1-1-89

WELL API NO. 30-041-20047

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 Lwr SA Unit ~~Sec 31~~

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

2. Name of Operator: Saga Petroleum LLC

8. Well No. 1

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 A : 460 Feet From The N Line and 660 Feet From The E Line

Section 31 Township 7S Range 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	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDON	[ ]
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.

Set CIBP @ 4200', dump 35' cmt on top (perfs 4239'-4300') 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: