

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 87240

District II
811 South First, Artesia, NM 87210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.	30-041-20065
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. OG174	
7. Lease Name or Unit Agreement Name Todd Lwr SA Unit Sec. 31	
8. Well No.	10
9. Pool name or Wildcat Todd Lower San Andres Assoc	
10. Elevation (Show whether DR, 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 ☒ Gas Well ☐ 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 J : 2180 feet from the S line and 1980 feet from the E line
Section 31 Township 7S Range 36E NMPM County ROOSEVELT

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

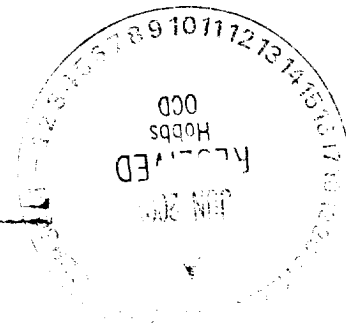
OTHER: MIT-TA ☒

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.

Set CIBP @ 4230'

6-18-02 Press to 500 psi-hold for 30 mins - good test - chart attached

This Approval of Temporary
Abandonment Expires 6/24/07



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 06/21/2002

Type or print name _____ Telephone No. (915)684-4293
(This space for State use)

APPROVED BY _____ DATE _____
Conditions of approval, if any: _____
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

JUN 24 2002

