

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  
Oil, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.	30-041-20171
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Todd Lwr SA Unit Sec.29	
8. Well No.	15
9. Pool name or Wildcat Todd Lower San Andres Assoc	

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other WIW <input type="checkbox"/>	
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>O</u> : <u>660</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>29</u> Township <u>7S</u> Range <u>36E</u> NMPM County <u>ROOSEVELT</u>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER: MIT-TA <input checked="" type="checkbox"/>

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.

OCD Hobbs notified of test schedule - no witness

11-5-2002 Pressure up to 400 psi - held for 30 mins - good test - Chart attached



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 11/08/2002

Type or print name \_\_\_\_\_ Telephone No. (915)684-4293

(This space for State use)

APPROVED BY \_\_\_\_\_ ORIGINAL SIGNED BY GARY W. WINK  
OC FIELD REPRESENTATIVE II/STAFF MANAGER  
Conditions of approval, if any: \_\_\_\_\_ DATE NOV 14 2002