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. 30-041-20327

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

6. State Oil & Gas Lease No. K3582

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 San Andres Unit

1. Type of Well: Oil Well [ ] Gas Well [ ] Other WIW

2. Name of Operator: SAGA PETROLEUM LLC

8. Well No. 5

3. Address of Operator: 415 W WALL, SUITE 1900 MIDLAND, TX 79701

9. Pool name or Wildcat: Todd Lwr San Andres Assoc

4. Well Location

Unit Letter E : 1830 feet from the N line and 660 feet from the W line

Section 32 Township 7S Range 36E NMPM County Roosevelt

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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	MULTIPLE COMPLETION	[ ]	CASING TEST AND CEMENT JOBS	[ ]		
OTHER:	[ ]			OTHER: MIT-TA			[X]

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.

8-30-2001 Press up to 550 psi - held for 30+ mins ok.

Chart copy attached - original chart mailed to OCD 9-17-01

CORRECTED

This Approval of Temporary Abandonment Expires 8/29/06 8/29/07

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

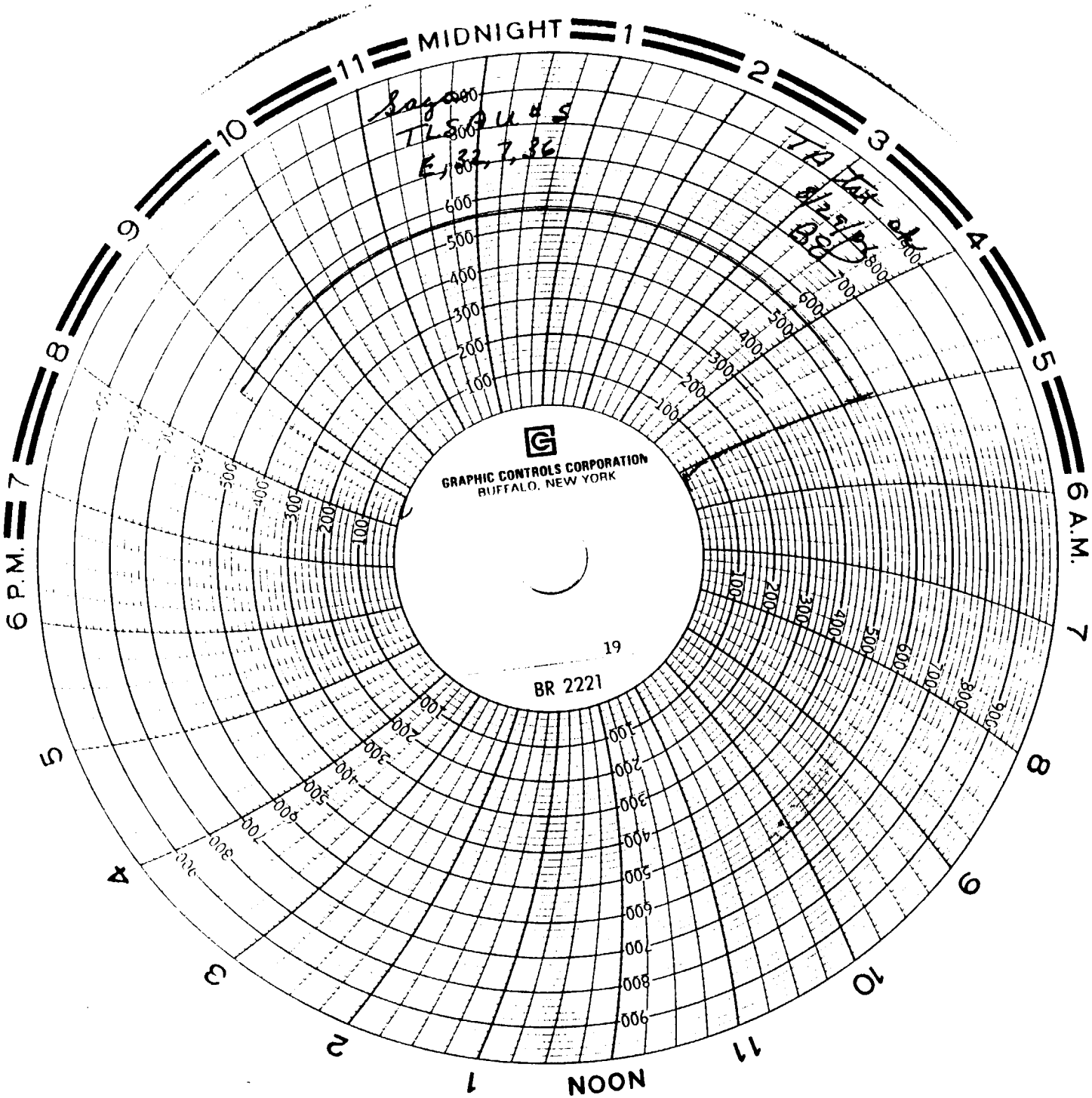
SIGNATURE Bonnie Husband TITLE Production Analyst DATE 08/15/2002

Type or print name Bonnie Husband Telephone No. (915)684-4293

(This space for State use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY GARY W. WINK OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 19 2002

Conditions of approval, if any: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