

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, 87505

WELL API NO. 30-025-34488

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

Fern Guye

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Saba Energy of Texas, Inc.

8. Well No. 1

3. Address of Operator 1603 S. E. 19th Street, Suite 202
Edmond, OK 73013

9. Pool name or Wildcat
Wildcat Upper Penn

4. Well Location
Unit Letter M : 400 Feet From The South Line and 990 Feet From The West Line
Section 5 Township 13S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4,003 GR

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

MIRU workover rig to recompleat in the Cisco Dolomite formation. RIH with retrievable plug and set at 10,884'. Perforated the Cisco Dolomite from 10,692-10,702' with 2 JSPF. RIH with 5 1/2" packer, SN and 2 7/8" tubing. Set packer at 10,312'. Acidized with 2,500 gals. 15% HCl. ATR 1 BPM, ATP 3900 PSI, ISIP 4000 PSI. Swab testing well.

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

SIGNATURE Steve Baldwin TITLE Sr. Operations Engineer DATE 2/11/99

TYPE OR PRINT NAME Steve Baldwin TELEPHONE NO. 505/340-3600

(This space for State Use)

CERTIFIED BY CHUCK WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: