Submi' 3 Copies To Appropriate District	State of New Mexico				Form C-103
Office District I	Energy, Minerals	and Natura	l Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240				WELL API N	O. 30-025-03773
District II G11 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION			5. Indicate Ty	- · · · · · · · · · · · · · · · · · · ·	
District III 2040 South Pacheco			STATE	-	
1000 Rio Brazos Rd., Aztec. NM 87410 District IV Santa Fe, NM 87505				& Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505				E 7766	& Gas Lease No.
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.) 1. Type of Well: Oil Well \(\sumsetext{\Delta}\) Gas Well		PEN OR PLU	G BACK TO A		e or Unit Agreement Name
2. Name of Operator Saga Petroleum LLC				8. Well No. 1	
3. Address of Operator 415 W. Wall, Suite 1900 Midland, TX 79701				Pool name or Wildcat Lovington Abo	
1 Well Location				<u> </u>	100
3	3D				
Unit Letter M : 4	120 feet from the	SOUTH	line and <u>990</u>)feet	from the WEST line
Section 36	Township le	6 S Ra	ange 36E	NMPM	CountyLEA
Section 30	10. Elevation (Show			7,1711 171	County ELEA
	Die Miller (enem		, , ,, , , , , , , , , , , , , , ,		
11. Check App	propriate Box to Ir	ndicate Na	ture of Notice,	Report or Oth	ier Data
					REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N []	REMEDIAL WOR	KK [ALTERING CASING [
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.[PLUG AND ABANDONMENT
	MULTIPLE COMPLETION		CASING TEST A CEMENT JOBS	ND [
OTHER:			OTHER:MIT - T.	A	X
12. Describe proposed or completed of starting and proposed work). or recompletion.	operations. (Clearly s SEE RULE 1103. For	state all per Multiple C	tinent details, and goompletions: Attacl	give pertinent da h diagram of pro	ates, including estimated date posed completion
7-10-2002 Pressured up to 540 psi -	held for 30+ mins - g	ood test - cl	hart attached		
•					
Well TA'd - Saga wants to hold well	bore for possible Que	en gas reco	mpletion		
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	inis Approva Abandonment	l Of lea	iporary _/_	, 7/2	
		ryhii 62	1/2	-310/2	
		 			
I hereby certify that the information	above is true and con	nplete to the	e best of my knowle	edge and belief.	
SIGNATURE Sonne	istend	TITLE_	Production Analyst		DATE <u>07/17/2002</u>
Type or print nameBonnie Husband				,	Telephone No. (915)684-4293
(This space for State use)					
APPROVED BY	Cip!		MED BY		DATCF2_ <u>6_2602</u>
Conditions of approval, if any:	C. A.S.	N W WIN		TARP AL MAC	JUL & 4 (001