Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources Dr. Hobbs, NM 87240		WELL API NO.	
<u>District II</u> 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		5. Indicate Type of L	30-025-22757
District.III 2040 South Pacheco 1000 Rio Braz is Rd., Aztec, NM 87410		STATE X	FEE	
District IV Santa Fe, NM 87505		6. State Oil & Gas I		
2040 South Pacheco, Santa Fe, NM 87505		E-881		
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA) DIFFERENT RESERVOIR, USE "APPLICA" PROPOSALS.) 1. Type of Well: Oil Well Gas Well		G BACK TO A	7. Lease Name or Un Aztec State	it Agreement Name
2. Name of Operator Saga Petroleum LLC			8. Well No. 11	
3. Address of Operator 415 W. Wall, Suite 1900			Pool name or Wildcat Maljamar Grayburg San Andres	
Midland, TX 79701 4. Well Location			<u>Mayamar Grayburg</u>	San Andres
Unit Letter_D: 6	feet from the North	line and 660	feet from the	ne West line
Section 8		ange 33E	NMPM C	ounty Lea
	10. Elevation (Show whether DR,	RKB, RT. GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INT PERFORM REMEDIAL WORK	FENTION TO: PLUG AND ABANDON	REMEDIAL WOR	SEQUENT REPO	RT OF: LTERING CASING [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		LUG AND BANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOBS		
OTHER: OTHER:OCD sc		heduled press test X		
 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. 2-14-2002 Press up to 570 psi, immediately drop to 530 psi -held for 30 mins - good test witness by GCD's Robinson - chart attached 				
	(Lyd who had been a second of the second of	host of any knowle	doe and halias s	1526212829.
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SIGNATURE TITLE Production Analyst TITLE Production Analyst				
SIGNATURE DOMNULS	TITLE	Production Analyst		DATE 02/18/2002
Type or print nameBonnie Husban (This space for State use)				one No. (915)684-4293
APPROVED BY	TITLE	ar ev	CER	DATE
Conditions of approval, if any:	OF GINAL GARY W. Y OG FIELD	WINK REPRESENTATIVE	II/STAFF MANAGER	FEB 2 2 2002

