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. 30-025-01566

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

6. State Oil & Gas Lease No.
E-2439

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 [X]   Gas Well [ ]   Other TA'd

2. Name of Operator Saga Petroleum LLC

3. Address of Operator 415 W Wall, Suite 1900
Midland, TX 79701

7. Lease Name or Unit Agreement Name
Cockburn B State

8. Well No. 2

9. Pool name or Wildcat
E K Yates 7 Rvrs Qn

4. Well Location

Unit Letter H : 1980 feet from the N line and 660 feet from the E line

Section 1   Township 18S   Range 33E   NMPM   County 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 INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [X]	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: [ ]	

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 Inspection No. iJDR0121959740
8-7-01 Violation - Not significant Non-Compliance

Proper information on well sign - correct operator & unit letter

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 09/27/2001

Type or print name Bonnie Husband

Telephone No. (905)684-4293

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: