

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, NM 87505

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|---|
| WELL API NO. 30 025 23759 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B 2656 |
| 7. Lease Name or Unit Agreement Name CONOCO STATE |
| 8. Well No. 1 |
| 9. Pool name or Wildcat Hobbs Drinkard |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3640 GR |

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| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| 2. Name of Operator Saga Petroleum | |
| 3. Address of Operator 415 W. Wall, #835, Midland, TX 79701 | |
| 4. Well Location Unit Letter G : 1980 Feet From The North Line and 2130 Feet From The East Line Section 33 Township 18S Range 38E NMPM Lea County | |
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|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <input type="checkbox"/> |

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.

Repair 7" casing leak. POH w/ perma-latch ptr, clean well out to TD. RIH w/ 4½" casing, cement back to surface. Reperforate the Drinkard in the zones currently perforated

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

SIGNATURE Joe N. Clement TITLE Engineer DATE 4/11/99
TYPE OR PRINT NAME Joe N. Clement TELEPHONE NO. 915-684-4293

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: