

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.

30-025-29124

5. Indicate Type of Lease

STATE ☒ FEE ☐

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

7. Lease Name or Unit Agreement Name
Cockburn B State

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 ☒ Gas Well ☐ OtherTA'd

2. Name of Operator
Saga Petroleum LLC

8. Well No. 7

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

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

4. Well Location

Unit Letter G : 1610 feet from the N line and 2050 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ☐

CASING TEST AND CEMENT JOBS ☐ ABANDONMENT

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. iJDR0121960083

8-7-01 Violation - Not significant Non-Compliance

Proper information on well sign

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:

ED BY

REC-2