

District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1090 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.

30-025-29296

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

Federal Unit Agreement

7. Lease Name or Unit Agreement Name
CENTRAL CORBIN QUEEN UNIT

Agreement NMNM84603X

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 ☐ Other WIW ☐ TARD ☐

2. Name of Operator SAGA PETROLEUM LLC

3. Address of Operator+15 W WALL, SUITE 1900
MIDLAND, TX 79701

8. Well No. 401

9. Pool name or Wildcat
Corbin Queen, Central

4. Well Location

Unit Letter C : 660 feet from the North line and 1980 feet from the West line

Section 9 Township 18S Range 33E T4MPM County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3965' GL

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 ABANDONMENT ☐

CASING TEST AND CEMENT JOBS

OTHER:OCD scheduled press test ☒

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.

2-13-02 Press up to 570 psi - held for 30+ mins - good test - chart attached - witness by Robinson OCD

Copy to Roswell & Carlsbad BLM

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

SIGNATURE Donna Hustend TITLE Production Analyst DATE 02/18/2002

Type or print nameBonnie Husband

Telephone No. (915)684-4293

(This space for State use)

APPROVED BY _____ SAC FIELD REP. TITLE _____ DATE _____

Conditions of approval, if any:

FEB 22 2002

