

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

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. 30-025-29740

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

2. Name of Operator SAGA PETROLEUM LLC

8. Well No. 104

3. Address of Operator 415 W WALL, SUITE 1900  
MIDLAND, TX 79701

9. Pool name or Wildcat  
Corbin Queen, Central

4. Well Location

Unit Letter A : 660 feet from the NORTH line and 790 feet from the EAST line

Section 9 Township 18S Range 33E NMPM County LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3984.8 GR

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: MIT ☒

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.

MIT - 1-24-2001 - pressured to 340 psi - held for 30 mins - good test. Called OCD & notified of test - did not witness

Chart enclosed

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

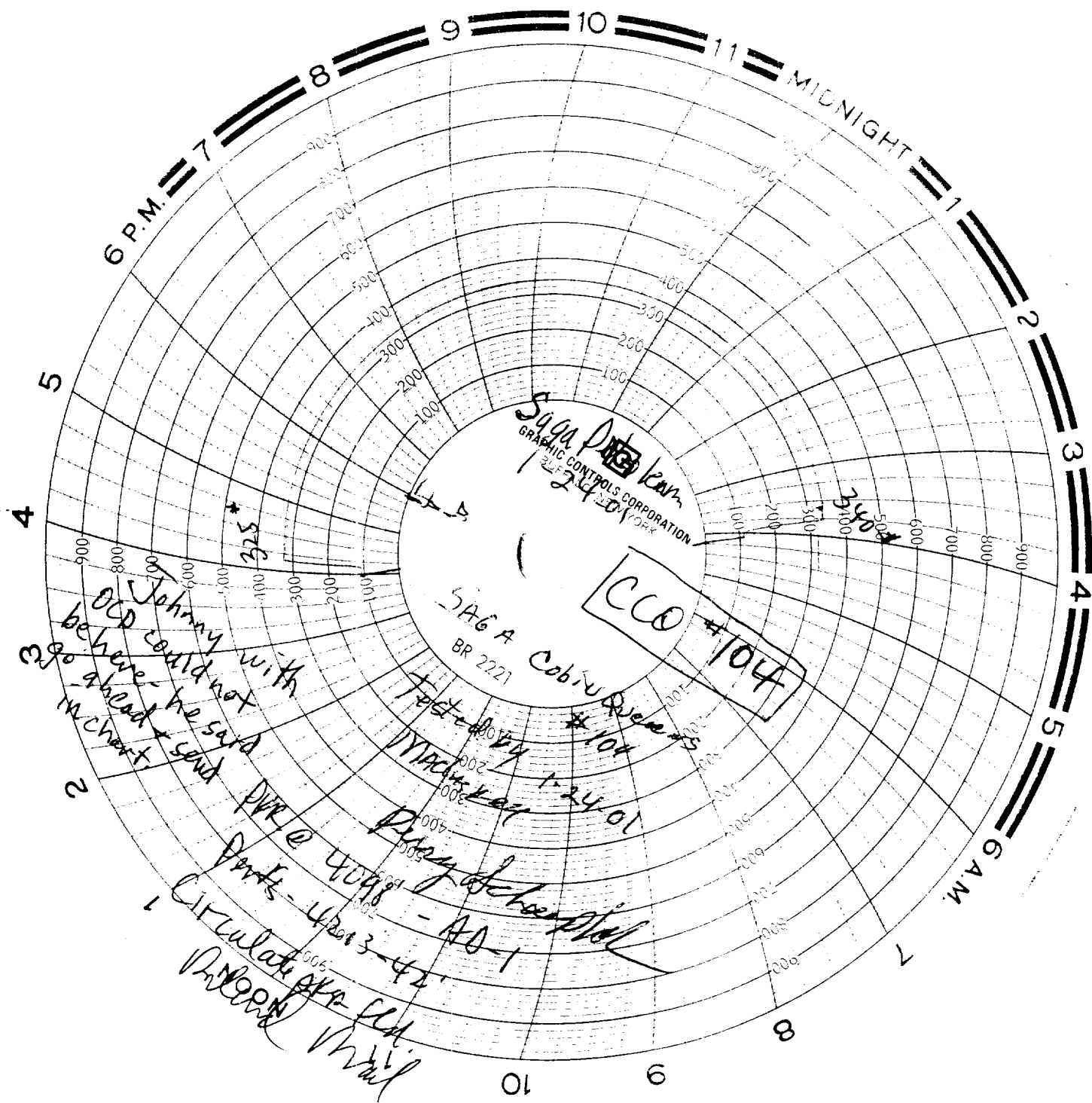
SIGNATURE Bonnie Husband TITLE Production Analyst DATE 02/26/2001

Type or print name Bonnie Husband Telephone No. (915)684-4293

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any:



6 P.M.

MIDNIGHT

6 A.M.

SAGA P. 103 km  
GRAPHIC CONTROLS CORPORATION  
24-01

SAGA A Coburn  
BR 2221  
24-01

CCO #104

Johnny with  
OCP could not  
believe he said  
ahead + send  
in chart.

Tested by 1-24-01  
Wacker

Rory Scherplol  
- AD-1

1 Circulate per file.  
(Incl. Mail)