

DISTRICT I  
P.O. Box 1990, 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

WELL API NO. <u>30-02503842</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

**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"/>	7. Lease Name or Unit Agreement Name <u>State "E" Tract 18</u>
2. Name of Operator <u>Saga Petroleum LLC</u>	8. Well No. <u>17</u>
3. Address of Operator <u>415 W. Wall, #835, Midland, TX 79701</u>	9. Pool name or Wildcat <u>Lovington Drinkard</u>
4. Well Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>17S</u> Range <u>36E</u> NMPM <u>Lea</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3839</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input 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: <u>Recomplete to Drinkard</u> <input checked="" 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.

RUPV. Run GR/CN log. Set CIBP @ 7985!  
Selectively perforate the Drinkard zone, stimulate  
as necessary.

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

SIGNATURE <u>Joe N. Clement</u>	TITLE <u>NM Engineer</u>	DATE <u>6/28/99</u>
TYPE OR PRINT NAME <u>Joe N. Clement</u>	TELEPHONE NO.	

(This space for State Use)  
ORIGINAL SIGNED BY  
GARY WINK  
FIELD REP. II  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JUL 27 1999