Submit 3 Copies To Appropriate District State of New Maxico			Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240		Revised March 25, 1999 WELL API NO.	
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION		30-025-03857	
District III 2040 South Pacheco 2040 South Pacheco		5. Indicate Type of Lease STATE X FEE	
District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
			B1553
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 OtherWIW			7. Lease Name or Unit Agreement Name STATE E TR 18
2. Name of Operator Saga Petroleum LLC			8. Well No. 21
3. Address of Operator 415 W Wall, Suite 1900 Midland, TX 79701			9. Pool name or Wildcat ABO SWD
4. Well Location			AD0 3WD
Unit Letter B : 660 feet from the North line and 1650 feet from the East line			
Section 2 Townsh		inge 36E	NMPM CountyLea
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
11. Check Appropriate Box t NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABAN			SEQUENT REPORT OF:
TEMPORARILY ABANDON 📋 CHANGE PLANS		COMMENCE DR	
PULL OR ALTER CASING MULTIPLE COMPLETION		CASING TEST A CEMENT JOBS	ABANDONMENT
OTHER:		OTHER:Press test	t after remedial work
<ul> <li>12. Describe proposed or completed operations. (Clear of starting and proposed work). SEE RULE 1103. or recompletion.</li> <li>2-16-02 thru 2-21-02 HIT jt #123 3-1/2" IPC hydrill 1- 2-7/8" x 3-1/2" Hydrill xover &amp; 258 jts (8310') 3-1/Set 2-7/8" x 7" Arrowset 1X pkr @ 8340' w/25K. circle Pumped 1500 gal 15% NEFE acid dwn tbg. Flushed 3-6-2002 - Press up to 500 psi - held for 30 mins - good</li> </ul>	For Multiple C tbg - replaced v /2" Hydrill IPC c pkr fluid, test w/30 BW & ret	Completions: Attach w/1 jt (31') 2-7/8" IF tbg, csg to 600 psi - goc urn to SWD	a diagram of proposed completion PC tbg.
I hereby certify that the information above is true and SIGNATURE		best of my knowle Production Analyst	DATE <u>03/13/2002</u>
(This space for State use)		SIGNED BY	Telephone No. (915)684-4293
	ORIGINAL	WINK	IL/STAFF MANAGER
APPROVED BY Conditions of approval, if any:	OC HELD	REPRESENT	<sup>DA</sup> MAR 2 0 2002

