

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-07727

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B 9652

7. Lease Name or Unit Agreement Name

STATE U

8. Well No. 1

9. Pool name or Wildcat
HOUSE DRINKARD

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 ☐

2. Name of Operator
SABA ENERGY, INC.

3. Address of Operator
4500 W. ILLINOIS #205, MIDLAND, TX 79703

4. Well Location
Unit Letter P : 4620 Feet From The N 4620 Line and 660 Feet From The E Line
Section 2 Township 20S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3570 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐
OTHER: ☐ OTHER: ☐

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.

1. Spot 100' cement plug from 6800' to 6900' and tag. (May use CIBP)
2. Cut 5-1/2" casing at freepoint, estimated to be \pm 3700'.
3. Spot 100' cement plug 50' in and 50' above cutoff and tag.
4. Spot 100' cement plug from 1800' to 1900' and tag.
5. Spot 10 sx plug at surface.
6. Weld steel plate on casing and install permanent marker.

Fluid between plugs to be 10# salt gel.

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

SIGNATURE G.A. Baber TITLE President DATE 01/12/93
TYPE OR PRINT NAME G.A. BABER TELEPHONE NO. 392-5516

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE JAN 12 1993

CONDITIONS OF APPROVAL, IF ANY: