Form 3160-5 (August 1999)

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N.M. Oil Cons. Division 000

| PARTMENT OF THE INTERIOR  | 1020 IV. TONCH ( |
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| AKTIVIDIT OF THE INTERIOR |                  |
| REAU OF LAND MANAGEMENT   | Hobbs, NM 8822   |

| 625 N | re | nch  | Dr. | FORM APPROVED<br>OMB No. 1004-0135<br>Expires November 30, 200 |
|-------|----|------|-----|----------------------------------------------------------------|
| obbs, | NM | 3882 | 40  | ial No.                                                        |

| BUREAU OF LAND MANAGEMENT HODDS, NM SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | 588240 ial No. NMLC 064118  6. If Indian, Allottee or Tribe Name |                                     |                                                                 |                                    |                         |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------|------------------------------------|-------------------------|---------------|
|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                  |                                     |                                                                 | 그 그 경기는 그 이 종류를 잃었다. 함께 없          | IPLICATE - Other instru | uctions on re |
| Type of Well                                                                                                                                                                                     | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                  |                                     | 8. Well Name                                                    |                                    |                         |               |
| 2. Name of Operator SAGA PETROLEUM LLC                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                  |                                     | E C HILL "B" FEDERAL #1  9. API Well No.                        |                                    |                         |               |
| 3a. Address 3b. Phone No. (include area code)                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                  | 30-025-10945                        |                                                                 |                                    |                         |               |
| 415 W Wall, Suite 1900, Midland, TX 79701 (915)684-4293                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                  |                                     | 10. Field and Pool, or Exploratory Area TEAGUE PADDOCK BLINEBRY |                                    |                         |               |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 810' FNL & 660' FEL Sec. 34 (A), T23S, R37E                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                  |                                     |                                                                 | 11. County or Parish, State LEA NM |                         |               |
| 12. CHECK AI                                                                                                                                                                                     | PPROPRIATE BOX(ES) To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | O INDICATE                                                         | NATURE OF NO                                                     | OTICE, RI                           | EPORT, OR                                                       | OTHER DATA                         |                         |               |
| TYPE OF SUBMISSION                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | TYPE OF AC                                                       | TION                                |                                                                 |                                    |                         |               |
| □ Notice of Intent □ Subsequent Report                                                                                                                                                           | ☐ Acidize ☐ Alter Casing ☐ Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Deepen ☐ Fracture Tre ☐ New Constru                              | eat Recla                                                        | uction (Start/<br>amation<br>mplete | Resume)                                                         | Well Integrity                     |                         |               |
| T P. L. M. January Markey                                                                                                                                                                        | Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                  |                                     | ıdon                                                            |                                    |                         |               |
| ☐ Final Abandonment Notice                                                                                                                                                                       | Convert to Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☐ Plug Back                                                        | ☐ Wate                                                           | r Disposal                          |                                                                 |                                    |                         |               |
| following completion of the invo                                                                                                                                                                 | ed BLM - no witness. hart mailed in to office from the properties of the properties | sults in a multiple of<br>ed only after all req<br>rom field "lost | completion or recomplouirements, including r                     | etion in a new<br>reclamation, h    | v interval, a Form<br>nave been comple                          | 3160-4 shall be filed once         |                         |               |
| Ending 4/23/2002                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                                  |                                     |                                                                 |                                    |                         |               |
| 14. I hereby certify that the foregoir Name (Printed Typed)                                                                                                                                      | g is true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                  | Title<br>Production Ana                                          | duct                                |                                                                 | · .                                |                         |               |
|                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | Date                                                             | ily St                              |                                                                 |                                    |                         |               |
| _ Bonne Hu                                                                                                                                                                                       | Stand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    | 04/26/2001<br>L OR STATE OF                                      | EIGE HGE                            |                                                                 |                                    |                         |               |
| Americad by                                                                                                                                                                                      | I TIO SPACE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FUR FEDERA                                                         | <u> </u>                                                         |                                     |                                                                 | <u> </u>                           |                         |               |
| Approved by (ORIG SGD.) 105 G. LARA                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | Title Date                                                       | uaum En                             | Plant Dat                                                       | 6/14/2001                          |                         |               |
| Conditions of approval, if any, are at certify that the applicant holds legal of which would entitle the applicant to of                                                                         | or equitable title to those rights in th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | es not warrant or<br>ne subject lease                              | Office CF                                                        | =0                                  |                                                                 |                                    |                         |               |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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APR 9.7 2001

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