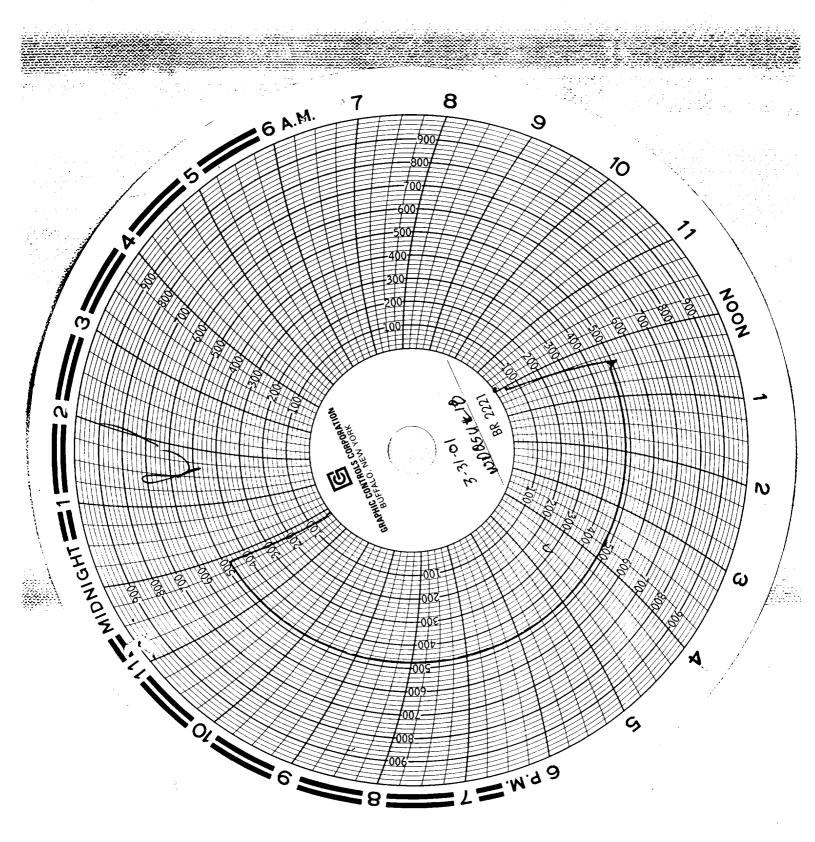
(Instructions on reverse)

UNLLED STATES DEPARTMENT OF THE INTERIOR

N.M. Oil Cons. Division FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000 1625 N. French Dr. Lease Serial No.

BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLSbbs, NM 88240MLC 067968

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side				6. If Ind	6. If Indian, Allottee or Tribe Name 7. If Unit or CA Agreement, Name and or No. #8910084910 - W Dollarhide Qn Sd	
I. Type of Well ☐ Gas Well ☐	☑ Other				Name and No.	a —
2. Name of Operator SAGA PETROLEUM LLC			- 1	West D	Pollarhide Queen Unit #18	
3a. Address	clude area code)		9. API Well No. 30-025-12257			
415 W WALL, SUITE 1900 MIDLAND, TX 79701 (915)684-					10. Field and Pool, or Exploratory Area Dollarhide Queen	
4. Location of Well (Footage, Se 330' FSL & 660' FEL Sec.	(on)			11. County or Parish, State Lea		
12. CHECK AI	PPROPRIATE BOX(ES)	TO INDICATE NA	TURE OF NOTI	CE, REPORT,	OR OTHER DATA	
TYPE OF SUBMISSION			TYPE OF ACTIO	N		
 □ Notice of Intent ☑ Subsequent Report □ Final Abandonment Notice 	☐ Acidize ☐ Alter Casing ☐ Casing Repair ☐ Change Plans ☐ Convert to Injection	Deepen Fracture Treat New Construction Plug and Abando	Reclamat	ete rily Abandon	☐ Water Shut-Off ▼ Well Integrity ☐ Other	
Casing Integrity Test ran: TD 3735', Perfs 3590'-364 Pressure test csg to 480# Well is active WIW - soft the period of 8/2000 thru reported correctly for this	40', CIBP @ 3633' for 30 mins - good test ware problems - well wa 12/2000, have amended	as reported as WIV d reports to correc		1-2001 & 2-2	ctive WIW on MMS 3160 fo 001 wtr injected was	ır
FYI 8-2000 9,067 bbls wtr i 9-2000 7,799 bbls wtr i 10-2000 7,039 bbls wtr i 11-2000 15,094 bbls wtr 12-2000 15,580 bbls wtr	nj @ 1250# nj @ 1250# inj @ 1400#		APR 20:		10 10 10	
14. I hereby certify that the foregoin Name (Printed/Typed)	g is true and correct	Title				
Bonnie Husband			DDUCTION AN	IALYST		
Signature Gonne Hu	stand	Date 04/	0/2001			
	THIS SPACE	FOR FEDERAL O	R STATE OFFIC	E USE		
Approved by			Title		Date	
Conditions of approval, if any, are at certify that the applicant holds legal o which would entitle the applicant to c	r equitable title to those rights in t		Office			
Title 18 U.S.C. Section 1001, makes fraudulent statements or representation			o any department or a	agency of the United	States any false, fictitious or	



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