Form 3160-5 (August 1999)

CCN-Hobbs) STATES UN!

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

DEPARTMEN I OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS	
o not use this form for proposals to drill or to re-enter an	1

LC 069052

abandoned well. Use Form 3160-3 (APD) for such proposals.						6. If Indian, Allottee or Tribe Name											
CUDMITIATE	IDLICATE - Other instr	uctions on re	overse sid	<u> </u>	7. If Unit or	CA/Agreement, Name and/or No.											
SUBMIT IN TRIPLICATE - Other instructions on reverse side 1. Type of Well Oil Well Gas Well Other 2. Name of Operator						West Dollarhide Queen Sand Unit 8. Well Name and No. West Dollarhide Qn Sand Ut #113											
									SAGA PETROLEUM LLC 3a Address 3b. Phone No. (include area code)						9. API Well No. 30-025-30231		
									3a. Address 415 W. WALL, SUITE 1900, MIDLAND, TX 79701 (915)684-4293					10. Field and	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FNL & 2360 FWL SEC. 31 (C) T24S - R38E						Dollarhide Queen 11. County or Parish, State											
						Lea County											
						NM											
12. CHECK AF	PPROPRIATE BOX(ES) T	TO INDICATE	NATURE (OF NOTICE, R	EPORT, OR	OTHER DATA											
TYPE OF SUBMISSION			TYPE C	OF ACTION													
	Acidize	☐ Deepen		Production (Start	/ Resume)	☐ Water Shut-Off											
☐ Notice of Intent	☐ Alter Casing	☐ Fracture Tre	eat 🗌	Reclamation		Well Integrity											
☐ Subsequent Report	Casing Repair	☐ New Constr	_	Recomplete		Other											
Final Abandonment Notice	☐ Change Plans ☐ Convert to Injection	☐ Plug and Ab☐ Plug Back	oandon 🛛	Temporarily Aba Water Disposal	indon												
testing has been completed. Final determined that the site is ready: 8-8-02 Press up to 540 ps Well TA'd - Copy chart att 4bande	ii - held for 30+ mins - g tached - Original chart t	ood test o OCD Hobbs		induity recramation,	J.L.												
14. I hereby certify that the foregoin Name (Printed/Typed) Bonnie Husband	g is true and correct		Title Production	n Analyst													
Signature	Husland)		Date 08/15/200	2		i i i i i i i i i i i i i i i i i i i											
<u>MUVIUX) S</u>		FOR FEDERA	L OR STAT	TE OFFICE US	E	(Co. 1, 1)											
Approved by ORIGINAL S	SIGNED BY		Title		D	Date											
CARY W M Conditions of appro a of file. De R certify that the applicant holds legal of which would entitle the applicant to of	ECRES PAPE AN WENK 16TA Por equitable title to those rights in conduct operations thereon.	the subject lease	Office														
Title 18 U.S.C. Section 1001, makes fraudulent statements or representation	it a crime for any person knowin ons as to any matter within its juri	gly and willfully to a sdiction.	make to any de	partment or agency	of the United St	ates any false, fictitious or											

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