Submit 3 Copies To Appropriate District Office		Form C-103		
1625 N. French Dr., Hobbs, NM 88240 District II	gy, Minerals and Natural Resound CONSERVATION DIVISI	WELL API NO.	May 27, 2004	
1301 W. Grand Ave., Artesia, NM 88210 OIL	5. Indicate Type of			
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV	6. State Oil & Gas I	FEE		
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	0. State Off & Gas I	Jease 140.	
SUNDRY NOTICES AND I		7. Lease Name or U	nit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRI DIFFERENT RESERVOIR. USE "APPLICATION FOR	Dungne mattin	and a		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	8. Well Number	/		
2. Name of Operator	9. OGRID Number			
Saber Oil & Gas Ventures, LLC 3. Address of Operator	243978	243978 10. Pool name or Wildcat		
400 W. Illinois STE 950			Langlie Mattix; 7 Rivers / Queen / GB	
Midland, Tx 79701	,			
4. Well Location		/		
Unit Letter_P_:_660feet from the				
	tion (Show whether DR, RKB, RT	NMPM County	LEA	
DF - 317				
Pit or Below-grade Tank Application or Closure				
	istance from nearest fresh water well	Distance from nearest surface	water	
	rade Tank: Volume	bbls; Construction Material		
12. Check Appropriat	e Box to Indicate Nature of	Notice, Report or Other D	ata	
NOTICE OF INTENTION		SUBSEQUENT IN	TTO PA. AM X	
	IAL WORK	TTO PA. The X		
TEMPORARILY ABANDON CHANGE		NOE DRILLING OF NO.	AR	
OTHER:	OTHER:			
 Describe proposed or completed operation of starting any proposed work). SEE R or recompletion. 				
1. 7 CIBP @ 3200' w/ 25sx	. Circ w/P&A mud.	Pressure test csq :	0 500 psi.	
2. 50sx 2300' - 2000'.		0	1	
3. 1260' – 1160' P. Sqz &	tog w/ 50 av			
4. 100' - Surf. P.S. Verify c				
5. Cut off WH. Install DHN	Λ			
	NOTE	Y OCD 24 HOURS PRIOR T		
		SING OPERATIONS		
Closed Loop System. P&A mud between all plug				
I hereby certify that the information above is true grade tank has been/will be constructed or closed accordi	c and complete to the best of my l ng to NMOCD guidelines \Box , a general	nowledge and belief. I further c	ertify that any pit or below- e OCD-approved plan .	
SIGNATURE Jo Muchant	TITLE		ATE 8.9.16	
Type or print name	E-mail address:	Telep	hone No.	
For State Use Only	. D.			
APPROVED BY: Machert	Im TITLE Tetroleur	n Engr. Specialist D	ATE 8-11-2016	
Conditions of Approval (if any):				

