

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.
 30-025-23620

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 A-14692

7. Lease Name or Unit Agreement Name
 Hobbs State

8. Well Number 2

9. OGRID Number
 26460

10. Pool name or Wildcat
 HOBBS 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
 SABRE OPERATING, INC.

3. Address of Operator
 P.O. BOX 4848 WICHITA FALLS, TX 76308

4. Well Location
 Unit Letter G : 1980 feet from the NORTH line and 1830 feet from the EAST line
 Section 29 Township 18S Range 38E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

*Date of Test 8-17-2020
 Pressure readings: Prod csq-420 Tubing - 0
 We will be retesting this well in 8/2021.*

Spud Date:

Rig Release Date:

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

SIGNATURE Denise Field TITLE Secretary DATE 7-26-21
 Type or print name Denise Field E-mail address: df@sabrecp.com PHONE: 940-696-80
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

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NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER:

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Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

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

SIGNATURE

Denise Field

TITLE

Secretary

DATE

7-26-21

Type or print name

Denise Field

E-mail address:

dfesabreop.com

PHONE:

940-696-8077

For State Use Only

APPROVED BY:

TITLE

DATE

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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud Date:

Rig Release Date:

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

SIGNATURE Denise Field TITLE Secretary DATE 7-26-2021
 Type or print name Denise Field E-mail address: df@sabrcop.com PHONE: 940-696-807
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Sable Operating, Inc.		API Number 30-025-23620	
Property Name Hobbs State		Well No. # 2	

Surface Location									
UL - Lot 6	Sec 29	Township 18S	Range 38E	Feet from 1980	NS Line N	Feet from 1830	E/W Line E	County Lea	

Well Status									
TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJ	INJECTOR SWD	<input checked="" type="radio"/> OIL	PRODUCER GAS	DATE 8-17-2020	

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0			420	0
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	Gr S
Down to noth	Y/N	Y/N	Y/N	Y/N	Drains
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Labels for
Water	Y/N	Y/N	Y/N	Y/N	Worked & applied

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Shut in, hole in tubing

Signature: Denise Field	OIL CONSERVATION DIVISION
Printed name: Denise Field	
Title: Secretary	
E-mail Address: df@sabreop.com	
Date: 9-11-2020	
Phone: 940-696-8077	Entered into RBDMS
Witness:	Re-test

INSTRUCTIONS ON BACK OF THIS FORM

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State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.
 30-025-23585

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 A-1469-Z

7. Lease Name or Unit Agreement Name
 Hobbs State

8. Well Number 1

9. OGRID Number
 26460

10. Pool name or Wildcat
 HOBBS 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
 SABRE OPERATING, INC.

3. Address of Operator
 P.O. BOX 4848 WICHITA FALLS, TX 76308

4. Well Location
 Unit Letter F : 2130 feet from the NORTH line and 1650 feet from the WEST line
 Section 29 Township 18S Range 38E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Date of test: 8-17-2020
 Pressure readings: Csg: Ø, Tubing: Ø
 We will be retesting these wells in 8/2021.

Spud Date:

Rig Release Date:

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

SIGNATURE Denise Field TITLE Secretary DATE 7-26-21
 Type or print name Denise Field E-mail address: df@esabreop.com PHONE: 940-696-807
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

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OIL CONSERVATION DIVISION
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Santa Fe, NM 87505

WELL API NO. 30-025-23585
5. Indicate Type of Lease: STATE [X] FEE []
6. State Oil & Gas Lease No. A-1469-Z
7. Lease Name or Unit Agreement Name Hobbs State
8. Well Number 1
9. OGRID Number 26460
10. Pool name or Wildcat HOBBS DRINKARD

SUNDRY NOTICES AND REPORTS ON WELLS
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1. Type of Well: Oil Well [X] Gas Well [] Other []
2. Name of Operator SABRE OPERATING, INC.
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TEMPORARILY ABANDON [X] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
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Rig Release Date: []

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Type or print name Denise Field E-mail address: df@sabreop.com PHONE: 940-696-80
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CLOSED-LOOP SYSTEM <input type="checkbox"/>			
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SIGNATURE Denise Field TITLE Secretary DATE 7-26-2011
 Type or print name Denise Field E-mail address: df@sabreup.com PHONE: 940-696-807
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Sabre Operating, Inc</i>		API Number <i>30-025-23585</i>	
Property Name <i>Hobbs State</i>		Well No. <i>#1</i>	

Surface Location									
UL - Lot <i>F</i>	Section <i>29</i>	Township <i>18S</i>	Range <i>38E</i>	Feet from <i>2130</i>	N/S Line <i>N</i>	Feet from <i>1650</i>	E/W Line <i>W</i>	County <i>Lea</i>	

Well Status										
TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJ	INJECTOR	SWD	<input checked="" type="radio"/> OIL	PRODUCER	GAS	DATE <i>8-17-2020</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E) Tubing
Pressure	<i>0</i>			<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO ₂ <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid Exposed for Write fluid # 12/80
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>Denise Field</i>	OIL CONSERVATION DIVISION
Printed name: <i>Denise Field</i>	
Title: <i>Secretary</i>	
E-mail Address: <i>df@sabreop.com</i>	
Date: <i>9-11-2020</i>	
Phone: <i>940-696-8077</i>	Entered into RBDMS
Witness:	Re-test

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