Submit 3 Copies 10 Appropriate District Office State of New Me.	
District I Energy, Minerals and Natur	ral Resources May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	i di
District II 1301 W. Grand Ave., Artesia, NACE CEIVE ONSERVATION District III 1220 South St. Fran	5 Indicate Type of Lease
1000 Pio Progos Pd. Agtes, NM 97410	STATE N FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NMSEP 16 2010 Santa Fe, NM 87	or state on the same Lease I to
87505 SUNDRY NO RES AND REPORTS ON WELLS	LC 063567
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO	
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well Other Wtr Injection	
2. Name of Operator Saber Oil & Gas Ventures, LLC	9. OGRID Number
3. Address of Operator	10. Pool name or Wildcat
400 W Illinois, Suite 950, Midland, Texas 79701	To Tool land of Wildeat
4. Well Location	
Unit Letter J :1650 feet from the South line	and 1650 feet from the East line
Section 6 Township 20S Range 27.	
11. Elevation (Show whether DR,	
3346 GR	
Pit or Below-grade Tank Application ☐ or Closure ☐	
Pit typeDepth to GroundwaterDistance from nearest fresh was	iter well Distance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume	bbls; Construction Material
12. Check Appropriate Box to Indicate Na	ature of Notice. Report or Other Data
	*
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON / CHANGE PLANS	COMMENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING TO MULTIPLE COMPLET AND A TOP OF THE PUBLIC OF THE	CASING/CEMENT JOB
OTHER: Repair Csg Leak	OTHER:
13. Describe proposed or completed operations. (Clearly state all p	
	e Completions: Attach wellbore diagram of proposed completion
or recompletion.	
Locate & repair casing leak in 7" casing by squeeze cementing. Work w	ill start ASAP. Duration expected to be less than one week.
I hereby certify that the information above is true and complete to the be	st of my knowledge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or closed according to NMOCD guidelines	, a general permit or an (attached) alternative OCD-approved plan .
SIGNATURE TITLE	Vice President DATE 9/13/10
Type or print name: Paula Dillard E-mail address: paula@saberresou	the date of the control of the contr
Type or print name: Paula Dillard E-mail address: paula@saberresou	rces.com, Telephone No. 432-685-0169
	a. and the transfer of the control o
APPROVED BY: VILLARO NEE TITLE (ompured offices DATE 9/28/10
Conditions of Approval (if any):	THE WALL OF THE PARTY OF THE PA
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