

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 August 1, 2011

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

WELL API NO. 30-025-12753
5. Indicate Type of Lease STATE FEE X
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name H.S. RECORD ✓
8. Well Number 002 ✓
9. OGRID Number 243978 ✓
10. Pool name or Wildcat EUMONT; YATES, 7-RIVERS, QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,569' - DR

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
SABER OIL & GAS VENTURES, LLC ✓

3. Address of Operator
400 W. ILLINOIS AVE., SUITE 950, MIDLAND, TEXAS 79701

4. Well Location
 Unit Letter G : 1650 feet from the NORTH line and 1650 feet from the EAST line -
 Section 15 Township 20S Range 36E NMPM County LEA

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

<p>NOTICE OF IN</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> INT TO PA _____ TEMPORARILY ABANDON <input type="checkbox"/> P&A NR <u>Em-X</u> PULL OR ALTER CASING <input type="checkbox"/> P&A R _____ DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A X CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: WELL PLUGGED AND ABANDONED 09/27/16</p>
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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.

09/25/16: SET 5-1/2" CIBP @ 3,800'; CIRC. WELL W/ PXA FLUID; PRES. TEST 5-1/2" CSG. X CIBP TO 500# - HELD OK; MIX X PUMP 25 SXS. CMT. ON TOP OF CIBP @ 3,800'; WOC (PER OCD).
 09/26/16: TAG TOP OF CMT. PLUG @ 3,613'; MIX X PUMP 25 SXS. CMT. @ 2,800'; WOC X TAG CMT. PLUG @ 2,590'; PERF. SQZ. HOLES @ 1,500'; ATTEMPT TO EST. INJ. RATE - PRES UP TO 1,000# X BLED DOWN SLOWLY; MIX X PUMP 30 SXS. CMT. @ 1,550' (PER OCD); PRES. UP ON CSG. TO 500#, CWI X WOC.
 09/27/16: TAG TOP OF CMT. PLUG @ 1,348'; PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 165 SXS. CMT. @ 355'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

DURING THIS PROCEDURE WE USED THE CLOSED-LOOP SYSTEM W/ A STEEL TANK AND HAULED CONTENTS TO THE REQUIRED DISPOSAL, PER OCD RULE 19.15.17.

Spud Date: MIRU: 09/23/16 Ri Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.

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

SIGNATURE David A Eyer TITLE: AGENT DATE: 09/27/16
 Type or print name: DAVID A. EYLER E-mail address: deyler@milagro-res.com PHONE: 432.687.3033
For State Use Only
 APPROVED BY: Mark White TITLE P.E.S. DATE 10/6/2016
 Conditions of Approval (if any):