

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr , Hobbs, NM 87240  
 District II  
 1301 W. Grand Ave , Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd , Aztec, NM 87410  
 District IV  
 1220 S. St Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 May 27, 2004

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

|   |
|---|
| WELL API NO.<br>30-025-32254  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name:<br>SUMMERS  |
| 8. Well Number<br>1   |
| 9. OGRID Number<br>236378   |
| 10. Pool name or Wildcat<br>SOUTH KNOWLES DEVONION  |

SUNDRY NOTICES AND REPORTS ON WELLS  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPERFORATE OR PLUG OR TO ABANDON A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOR PROPOSALS TO DRILL OR TO REPERFORATE OR PLUG OR TO ABANDON A DIFFERENT RESERVOIR))

1. Type of Well:  
 Oil Well  Gas Well  Other  MAY 17 2008

2. Name of Operator  
 SABER RESOURCES LLC. HOBBS OCD

3. Address of Operator  
 400 W. ILLINOIS SUITE 950 MIDLAND TX 79701

4. Well Location  
 Unit Letter B : 660 feet from the NORTH line and 1980 feet from the EAST line  
 Section 18 Township 17S Range 39E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3659 6PS N. 32 84011 W103 08274

Pit or Below-grade Tank Application  or Closure   
 Pit type STEEL Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
 Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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"/> | REMEDIAL WORK <input type="checkbox"/>                   |
| TEMPORARILY ABANDON <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>                 |
| PULL OR ALTER CASING <input type="checkbox"/>  | COMMENCE DRILLING OPNS. <input type="checkbox"/>         |
| MULTIPLE COMPLETION <input type="checkbox"/>   | PLUG AND ABANDONMENT <input checked="" type="checkbox"/> |
| OTHER: <input type="checkbox"/>                | CASING TEST AND CEMENT JOB <input type="checkbox"/>      |
|  | OTHER: <input type="checkbox"/>                          |

Approved for plugging of well here only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under <http://www.oceandata.nm.us/ocd>

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4-17-08 M.I.R.U. BASIC ENERGY SERVICES P&A RIG 1273. START BLEEDING WELL DOWN WELL IS FLOW 250 BBL PER HOUR & INCEASING IN PRESURE & FLOW 4-18-08 PUMP 300 BBL 12# KILL MUD C 1.5 B.P.M # 500 # WELL DEAD N.U. BOP. MAXIE BROWN & MARK WHITAKER N.M. OCD O.K. TO SET 8 5/8 C.I.C.R. @ 4900' 4-19-08 SET C.I.C.R. @ 4900' ON WIRELINE. GO IN HOLE W/ STINGER & LOAD CSG & TEST @ 500 # O.K. STING INTO C.I.C.R. & SQZ. 500 SXS CLASS C CMT 14.8 PPG 2 BBL PER MIN. @ 1500 # PSI @ 0 PSI DISPLACED CMT 1.5 BBL THUR RETAINER UNSTING & PULL UP HOLE 4-21-08 STING INTO C.I.C.R. PRESURE TEST @ 1500 # O.K. CAP C.I.C.R. W/ 35 SX CLASS C CMT 14.8 PPG CIRC TOC @ 4762' FULL TBG TO 2490' SPOT 50 SXS CLASS C CMT 14.8 PPG. PULL OUT OF HOLE WOC 4-22-08 TAG TOC @ 2310' FULL TBG TO 467 MIX & SPOT 40 SXS CMT POOH WOC & TAG @ 624'. SPOT 10 SXS SURFACE PLUG 30'

I hereby certify that the information above is true and complete to the best 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 Barbara Williams TITLE P&A SUPERVISOR DATE 4-30-08  
 E-mail address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Type or print name \_\_\_\_\_  
 For State Use Only  
 APPROVED BY Chris Williams TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE MAY 28 2008  
 Conditions of Approval, if any: \_\_\_\_\_